FILE NOW: FILING FEE AFTER MAY 1 IS \$225,00

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🔒

Secretary of State DIVISION OF CORPORATIONS

1996

P95000055635 (3) **DOCUMENT #**

Mailing Address

-INNOVATIVE IMAGING OF MANDARIN, INC. FIRST COAST IMAGING

FILED May 01 1996 8:00 am Secretary of State



3810-4 WILLIA JACKSONVILL	AMSBURG PARK BLVD. Le FL 32257		3810-4 WILLIAMSBURG PARK BLVD. JACKSONVILLE FL 32257						
						3. Date Incorporated or Qualified 07/17/1995	3a. Date	of Last	Report
2. Principal Plac	ce of Business	2a. Mailing Ac	dress		.,,,	4. FEI Number			Applied For
21		26	26			59-3322833			Not Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Sta	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	7p Country 7p 25 29			Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes ☐ No			
<u></u>	g Name and Address of Curi		·			10. Name and Address of New	Registered /	Agent	
				81	Name				
PAHK	KENNETH W			82	Dt 1 4 d	dress (P.O. Box Number is Not Accepta	hle)		
1300 RIVERPLACE BLVD. STE 300				02	Street Address (F.O. Box Number is Not Acceptable)				
	NVILLE FL 32207			83					
J. 101103				84				TesT	Zip Code
				84	City		FL.	63	zip cooe
or registere familiar with	o the provisions of Sections 607.05 ad agent, or both, in the State of Fl in, and accept the obligations of, Si	orida, Such change weetion 607.0505, Flori	inda Statutes, ti as authorized b da Statutes.	y the corp	oration's bo	oration submits this statement for the poper of directors. I hereby accept the ap	pointment as	registe	red agent. I am
SIGNATURES	Signature, typed or printed name of registeren a		(NO ^T L Fi	egistered Age	r, signature requ	red when reinstafing)	DATE		
12.	OFFICERS /	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		DIRECT Change	
TITLE	D	L.J I	DELETE	1.1 TIFLE			L		ls 🔲 vagition
NAME	ROBINSON, PAUL	DI/ DILID		1.2 NAME	ļ	500		83	7105
STREET ADDRESS	3810-4 WILLIAMBURG PA			13 STREET		-05/23	3/960	1062	:005
CITY-ST-ZIP	JACKSONVILLE FL 32257		DE) ET(1.4 CHY-5	ST-ZIP		. و۵.وو		se:200 00 ge □ Addition
TITLE	D WENDEDO OUE	L	DELETE	2 1 11116			ı	_] ("""	ge [] Addition
NAME	WEINBERG, SUE 3810-4 WILLIAMBURG PA	DV DI VD		2.2 NAME	Inneces				
STREET ADDRESS	JACKSONVILLE FL 32257		•	2.3 STREET					
CITY-ST-ZIP	D D		DELETH	2.4 CHTY -: 3.1 THILE	>1 - ZIF'			T Chan	ge 🔲 Addition
TITLE NAME	BLOOM, IRWIN	L	DECE II	3 2 NAME			·	_	
	3810-4 WILLIAMBURG PA	RK RI VO			I ADDRESS				
STREET ADDRESS	JACKSONVILLE FL 32257			3.4 CITY -					
CITY-ST-ZIP TITLE	D		DELETE	4. 1 TITLE	**			Chan	ge 🔲 Addition
NAME	CONNERTY, HUGH		•	4.2 NAME		Ca El	196		
STREET ADDRESS	3810-4 WILLIAMBURG PA	rk blvd.			1 ADDRESS	Sp 51	((4		
CITY-ST-ZIP	JACKSONVILLE FL 32257			4.4 CITY-		$^{-}$ O			
TITLE			DELETE	5 1 TITLE				Char	ge Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	1 ADDRESS				
CITY-ST-ZIP				5.4 CHY -	S1 - Z1P				
TITLE			DELETE	6 1 TITLE	-			Char	ige 🔲 Addition
NAME				6.2 NAME					
STREET ADDRESS				6 3 STREE	I ADDRESS				
CITY-S1-2IP				6.4 CHY-	ST-ZIP				<u></u>
	*					finish the community of the Continue of	IO OZIOVIA EL	arida O	atutas I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25.96

904-737-9302

Dayline Phone #