FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000057327 (5)**

1. Corporation Name

PRO MED IMAGING INC

Principal Place of Business
10445 SW 27 ST
MIAMI FL 33165

Mailing Address
10445 SW 27 ST
MIAMI FL 33165

3. Date Incorporated or Qualified: **07/25/1995**

3a. Date of Last Report:

4. FI Number: 65-0595494 — Applied For / Not Applicable

2. Principal Place of Business
21 9800 W. Flagler St.
Suite, Apt. #, etc. 22 218
City & State 23 Miami, Fl.
Zip 24 33134 — County 25 Dade

2a. Mailing Address
26 Same
Suite, Apt. #, etc. 27
City & State 28
Zip 29 — County 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, MARCO
10445 SW 27 ST
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such business is authorized by the corporation's board of directors thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, MARCO
STREET ADDRESS	10445 SW 27 ST
CITY, ST, ZIP	MIAMI FL 33165

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

800001771648
-04/08/96--01018--008
***200.00

14. I do hereby certify that the information supplied with this filing, and to the best of my knowledge, meets the requirements of Section 119.07(5)(b), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 added or deleted with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/7/96 — 643-6220 Daytime Phone #

CR2E034 (12/95)