

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000078739 (6)

1. Corporation Name

NORTH COUNTY IMAGING, P.A.

Principal Place of Business

2801 EXCHANGE COURT  
WEST PALM BEACH FL 33409

Mailing Address

PO BOX 32939  
PALM BEACH GARDENS FL 33420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

4. FEI Number

65-0621533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SARNER, RICHARD M.D.  
2801 EXCHANGE COURT  
WEST PALM BEACH FL 33409

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 Sections 607.0502 and 607.1508 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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILBUR, NILA M.D.  
13750 PROSPERITY FARMS ROAD  
PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOGHOOGHI, IRAN M.D.  
100 BOW SPRIT DR.  
NORRTH PALM BEACH FL 33408

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SARNER, RICHARD M.D.  
168 COMMODORE DR.  
JUPITER FL 33477

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TORO, JAIME M.D.  
6123 WILDCAT RUN  
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

North Palm Beach, FL 33408

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

West Palm Beach, FL 33412

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

☐ Change ☐ Addition

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

☐ Change ☐ Addition

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP

☐ Change ☐ Addition

10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-ST-ZIP

☐ Change ☐ Addition

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP

☐ Change ☐ Addition

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

☐ Change ☐ Addition

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 on an attachment with an address.

SIGNATURE:

Richard A. Sarnier MD

1-14-98

561-684-9566

CR2E034 (10/97)