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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000094278 1. Corporation Name

MARTIN IMAGING SERVICES, INC.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90138 039 ***150.00

Principal Place	e of Business	Mailing Ad	dress					
625 RIVERSIDE	DR.	P.O. BOX 5						
STUART FL 349		STUART FL	STUART FL 34995			DO NOT WRITE IN TH	IIS SPACE	
US							113 3FACE	
						3. Date Incorporated or Qualifed		
						12/11/1995 4. FEI Number		A
2. Principal Pl	ace of Business	2a. Mailing	Address				1- 	Applied For
21		26				65-0625188		Not Applicable
_			uite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Possitional
27								Required
City & State	е	— <u> </u>	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Γ-	Count	ry	8. This corporation owes the current year		
24	25	29	3	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	ent Registered A	gent			10. Name and Address of New Register	ed Agent	
	LOTING TERENOE D			8	1 Name			
MCCARTHY, TERENCE P					2 Street Add	dress (P.O. Box Number is Not Acceptable)		
2081 E. OCEAN BLVD.				ا ا	0500.7.000			
STUART FL 34996				8	3			
				<u> </u>				- 00-1-
				8	4 City	F	85 Zij	p Code
agent. I a	m familiar with, and accept the obli					red when reinstating) DATE		
	Signature, typed or printed name of registered a	<u> </u>	. (NOTE: Re		ent signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
12.		AND DIRECTORS	T DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	P		□ OFFEIE	1.1 TITLE		POMERALUE DAVID	. /2/1	, [] Housesii
NAME	POMERANCE, DAVID M			1.2 NAME	· ',	POMERAINCE, DAVID 625 BIVERSIDE DR.	.,,	
STREET ADDRESS				1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			1.4 CITY-		TUART FL 34994	- Chann	
TITLE	VS		☐ DELETE	2.1 TITLE			☐ Chang	e
NAME	FARROW, CHARLES J			2.2 NAM	<u> </u>	•		
STREET ADDRESS	46 N. RIVER ROAD			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			2. 4 CITY	-ST-ZIP			
TITLE	VT		DELETE	3.1 TITLE			Chang	e
NAME	KROSIN, GARY			32 NAMI	<u> </u>			
STREET ADDRESS	3622 MASHIE COURT			33 STRE	ET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990			3.4. CITY	-ST-ZIP			
TITLE			DELETE	4.1 TITLE			☐ Chang	e Addition
NAME				4. 2 NAM	ε	•		
STREET ADDRESS					ET ADDRESS			
1				4.4 CITY				
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE			☐ Chang	e
				5.2 NAMI			_ •	_
NAME					ET ADDRESS			
STREET ADDRESS				5.4 CITY				
CITY-ST-ZIP			DELETE	6.1 TITLE			☐ Chang	e Addition
TITLE			- OCTUIL	6.2 NAMI			ுவரு	
NAMÉ				1	J	·		
STREET ADDRESS					ET ADORESS			
CITY-ST-ZIP				6.4 CITY-	·ST-ZIP			

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 in changes. Or on an attachment with an address, with all other like empowered.

SIGNATURE: