

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095984 (7)

1. Corporation Name

HARBOURVIEW IMAGING, INC.



Principal Place of Business

% RUDNICK & WOLFE
101 EAST KENNETH BLVD., SUITE 2000
TAMPA FL 33602

Mailing Address

% RUDNICK & WOLFE
101 EAST KENNETH BLVD., SUITE 2000
TAMPA FL 33602

3. Date Incorporated or Qualified

12/19/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0625693

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

BEYER, DAVID A
% RUDNICK & WOLFE
101 EAST KENNEDY BLVD. SUITE 2000
TAMPA FL 33602

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 the corporation)

(Signature typed or printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PRZONEK, RICHARD L
STREET ADDRESS 1160 HICKS PLACE
CITY-ST-ZIP BALDWIN NY 11510

TITLE D ☐ DELETE
NAME KALMANOWITZ, STUART
STREET ADDRESS 8 VAN BUREN COURT
CITY-ST-ZIP HIGHLAND MILLS NY 10930

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE D,S ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE D,T ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE P ☐ Change ☒ Addition
32 NAME Alan Borozny
33 STREET ADDRESS 500 Executive Blvd., Suite 201
34 CITY-ST-ZIP Ossining, NY 10562

41 TITLE ☐ Change ☐ Addition
42 NAME 100001799231
43 STREET ADDRESS -04/29/96--01078--020
44 CITY-ST-ZIP ***200.00

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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: *Stuart Kalmanowitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(914)923-4300

Date

Original Phone #

CR2E034 (12/95)