

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P95000095984 (7)

1. Corporation Name
HARBOURVIEW IMAGING, INC.

Principal Place of Business
% RUDNICK & WOLFE
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

Mailing Address
% RUDNICK & WOLFE
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA FL 33602-5149

3. Date Incorporated or Qualified 12/19/1995
3a. Date of Last Report 04/28/1996

2. Principal Place of Business
21 2401 PGA BLVD
Suite, Apt. #, etc. Suite 130
22 City & State PALM BEACH GARDENS, FL
23 Zip 33410 Country US
2a. Mailing Address
26 1801 CLINT MOORE ROAD
Suite, Apt. #, etc. STE 204
27 City & State BOCA RATON FL
28 Zip 33487 Country US
24 33410 25 US 29 33487 30 US

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

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE DS
NAME PRZONEK, RICHARD L
STREET ADDRESS 1160 HICKS PLACE
CITY-ST-ZIP BALDWIN NY 11510
TITLE DT
NAME KALMANOWITZ, STUART
STREET ADDRESS 8 VAN BUREN COURT
CITY-ST-ZIP HIGHLAND MILLS NY 10930
TITLE P
NAME BOROZNY, ALAN
STREET ADDRESS 500 EXECUTIVE BLVD., SUITE 201
CITY-ST-ZIP OSSINING NY 10562
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE P
2.2 NAME KALMANOWITZ, STUART
2.3 STREET ADDRESS 1801 CLINT MOORE RD STE 204
2.4 CITY-ST-ZIP BOCA RATON FL 33487
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

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

4/30/97
Date

901-998-0338
Daytime Phone #

CR2E034 (9/96)