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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000095988 (8)

1. Corporation Name

GLADES IMAGING, INC.

Principal Place of Business

% RUDNICK & WOLFE
101 E. KENNEDY BLVD. SUITE 2000
TAMPA FL 33602

Mailing Address

% RUDNICK & WOLFE
101 E. 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 3350 NW BOCA RATON BLVD

Suite, Apt. #, etc.

22 SUITE B-10

City & State

23 BOCA RATON FL

Zip

24 33487

Country

25 U.S.

2a. Mailing Address

26 1301 CLINT MOORE ROAD

Suite, Apt. #, etc.

27 SUITE 204

City & State

28 BOCA RATON FL

Zip

29 33487

Country

30 U.S.

4. FEI Number

65-0625692

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 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 E. 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 ☐ DELETE

NAME PRZONEK, RICHARD L

STREET ADDRESS 1160 HICKS PLACE

CITY-ST-ZIP BALDWIN NY 11510

TITLE DT ☐ DELETE

NAME KALMANOWITZ, STUART

STREET ADDRESS 8 VAN BUREN COURT

CITY-ST-ZIP HIGHLAND MILLS NY 10830

TITLE P ☒ DELETE

NAME BOROZNY, ALAN

STREET ADDRESS 500 EXECUTIVE BLVD., SUITE 210

CITY-ST-ZIP OSSINING NY 10562

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Signature and typed or printed name of signing officer or director

4/30/97

Date

561-999-0339

Daytime Phone #

CR2E034 (9/96)