FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000096776 (6)**

1. Corporation Name

AMERICAN MEDICAL DIAGNOSTIC IMAGING, INC.

Principal Place of Business	Mailing Address
2627 SPRING PARK RD. JACKSONVILLE FL 32207	2627 SPRING PARK RD. JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 12/22/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9428 Baymeadows Road	26 9428 Baymeadows Road
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 500
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32256 / 25	Zip / Country 29 32256 / 30

4. FEI Number: 59-3351294 ☐ 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
SMITH HULSEY & BUSEY 225 WATER ST. SUITE 1800 JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	1.1 TITLE	CEO/D ☐ Change ☑ Addition
NAME			1.2 NAME	Roddy G. Richman
STREET ADDRESS			1.3 STREET ADDRESS	9428 Baymeadows Road, Suite 500
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		☐ DELETE	2.1 TITLE	P/D ☐ Change ☑ Addition
NAME			2.2 NAME	Leon Wayne Newton
STREET ADDRESS			2.3 STREET ADDRESS	9428 Baymeadows Road, Suite 500
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		☐ DELETE	3.1 TITLE	D ☐ Change ☑ Addition
NAME			3.2 NAME	Rutherford C. Doss
STREET ADDRESS			3.3 STREET ADDRESS	9428 Baymeadows Road, Suite 500
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	800001847388
STREET ADDRESS			5.3 STREET ADDRESS	-06/03/96--01024--037
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	6-1-96
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Rutherford C Doss - Rutherford C. Doss 5-8-96 904 636-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #