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
2627 SPRING PARK RD.
JACKSONVILLE FL 32207

Mailing Address
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
21 9428 Baymeadows Road
Suite, Apt. #, etc.
22 Suite 500
City & State
23 Jacksonville, FL
Zip 24 32256 Country 25

2a. Mailing Address
26 9428 Baymeadows Road
Suite, Apt. #, etc.
27 Suite 500
City & State
28 Jacksonville, FL
Zip 29 32256 Country 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

SMITH HULSEY & BUSEY
225 WATER ST.
SUITE 1800
JACKSONVILLE FL 32202

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 a corporation — NOTE: Registered Agent signature required when filing — DATE

12. OFFICERS AND DIRECTORS

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

CR2E034 (12/95)