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Mailing Address

C/O JACOB GREEN, M.D.

3728 PHILIPS HWY., STE. 31

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015138

1. Corporation Name

Principal Place of Business

C/O JACOB GREEN. M.D.

3728 PHILIPS HWY., STE. 31

THE THERMOMAMMOGRAPHY CORPORATION

Suite, Apt. 8, etc. 20	JACKSONVILLE	FL 32207	JACKSONVILLE FL 32207	CKSONVILLE FL 32207		DO NOT WRITE IN THIS SPACE	
22, Principal Place of Business 24, Mailing Address 59-2916814 Section 59-2916814 S			• • • • • • • • • • • • • • • • • • • •			3. Date Incorporated or Qualifed	
22, Principal Place of Business 24, Mailing Address 59-2916814 Section 59-2916814 S						02/13/1996	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & City & State City &	2. Principal P	2a. Mailing Address	Address				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & City & State City &	21		26			59-2916814 Not Applicab	
City & State City & Country R. This comporation was the current year Intemplate Personal Property Tax. Yes Added to Fees Ad	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
28 Toust Fund Contribution Added to Piess Added t	22		27			5. Certificate of Status Desired	
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. ACKSONVILE FL 32202 14. 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 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, or both, in the State of Florida, Such change was suthorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was suthorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was suthorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes. 12. The State of Florida Statutes is registered agent, or both, in the State of Florida Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CIVY-ST-2P 15. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	23		28				
9. Name and Address of Current Registered Agent AKEL, EDWARD C 1 INDEPENDENT DR. SURTE 2301 JACKSONVILLE FL 32022 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 Zip State Address (P.O. Box Number is Not Acceptable) 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 90 Z	Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible	
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AKEL, EDWARD C 1 INDEPENDENT DR. SUITE 2301 JACKSONVILLE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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. 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. Statutes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and star applicable. 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 82 Street Address (P.O. Box Number is Not Acceptable) 83 24 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. 85 Zip Code 12. Turns 1. Pursuant to the purpose of changing its registered address (NOTE Registered Agents and Purpose of Change and Purpose of Change and Purpose of Change and Purpose and Purpose of Change and Purpose and		9. Name and Address of Current	Registered Agent		-	10. Name and Address of New Registered Agent	
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14. I 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			/ /		j		
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indicated on this annual report or supplemental annual report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an		certify that the information supplied with	this filing does not qualify for the	e exemnti	on stated	in Section 119.07(3)(i). Florida Statutes, I further certify that the information	
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, with all other like empowered.	indicated	on this annual report or supplemental;	annual report is true and accurate	e and that	mv signa	ture shall have the same legal effect as if made under oath; that I am an	

SIGNATURE:

CER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90131 036 ***150.00