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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033554

1. Corporation Name

VALMED IMAGING, INC.

Principal Place of Business

2409 JOSE CIR S
JACKSONVILLE FL 32217
US

Mailing Address

6805 SAN SEBASTIAN AVE.
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2380 South Third St

Suite, Apt. #, etc.

22

City & State

23 Jacksonville Beach, FL

Zip

24 32250

Country

25 USA

2a. Mailing Address

26 2380 South Third St

Suite, Apt. #, etc.

27

City & State

28 Jacksonville Beach, FL

Zip

29 32250

Country

30 USA

9. Name and Address of Current Registered Agent

C GUY BOND, ESQ
3010 S THIRD ST
JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

59-3379983

Applied For

No 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 owes the current year intangible

Personal Property Tax.

☒ Yes

☐ No

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

☐ DELETE

TITLE

D

NAME

MELTON, RAY C

STREET ADDRESS

6805 SAN SEBASTIAN AVE

CITY-ST-ZIP

JACKSONVILLE FL 32217

TITLE

P

NAME

VALDEZ, TINA

STREET ADDRESS

2409 JOSE CIR S

CITY-ST-ZIP

JACKSONVILLE FL 32217

TITLE

VS

NAME

EDWARDS, DOUGLAS

STREET ADDRESS

468 BAYBROOK DR

CITY-ST-ZIP

ORANGE PARK FL 32073

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

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

7649 Windward Way West
Jacksonville, FL 32256

VP
SYBIL W. LAZARUS
2409 JOSE Circle, South
Jacksonville, FL 32217

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 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, with all other like empowered.

SIGNATURE:

Tina Valdez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

9042471480
Daytime Phone #

CR2E034 (11/98)