## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000072882 (9) DOCUMENT # 1. Corporation Name

DIAGNOSTIC IMAGING SPECIALISTS, INC.

12263 SUNSET POINT LANE 12263 SUNSET POINT LANE WELLINGTON FL 33414 **WELLINGTON FL 33414** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0688679 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žip Zip Country Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLSAP, RHONDA L 12263 SUNSET POINT LANE Street Address (P.O. Box Number is Not Acceptable) 82 **WELLINGTON FL 33414** 83 84 City 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, typicd or printed namic of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change PD Addition TITLE. 1.1 TITLE MILLSAP, RHONDA NAME 1.2 NAME 12263 SUNSET POINT LANE 1.3 STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME MILLSAP, JAMES E 2.2 NAME 12263 SUNSET POINT LANE STREET ADDRESS 2.3 STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE MALAF 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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 dianged, or on an attachment with an address.

4.4 CITY-\$1-ZIP

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

5.1 THILE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

1/22/90

Change

Change

Addition

Addition

**FILED** 

May 04 1998 8:00am

Secretary of State