


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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90046 045 ***150.00



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

DOCUMENT # P97000016935

1. Corporation Name
PINNACLE IMAGING, INC.

Principal Place of Business
10251-A WEST SAMPLE ROAD
CORAL SPRINGS FL 33140

Mailing Address
10251-A WEST SAMPLE ROAD
CORAL SPRINGS FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1515 N. Federal Hwy. Suite, Apt. #, etc. 22 Suite 405 City & State 23 Boca Raton Florida Zip Country 24 33432 25 USA		2a. Mailing Address 26 1515 N Federal Hwy Suite, Apt. #, etc. 27 Suite 405 City & State 28 Boca Raton, Florida Zip Country 29 33432 30 USA		3. Date Incorporated or Qualified 02/24/1997	
4. FEI Number 65-0731293		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MATTLIN, FRED W ESQ
MATTLIN & MCCLOSKEY
2300 GLADES RD, STE 400 EAST
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALIM, SAM	1.2 NAME	SAM Halim
STREET ADDRESS	10251-A WEST SAMPLE ROAD	1.3 STREET ADDRESS	1515 N. Federal Hwy #405
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	Boca Raton, Florida 33432
TITLE	VPO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGER, DAVID P	2.2 NAME	JoAnne Galbato
STREET ADDRESS	10251-A WEST SAMPLE ROAD	2.3 STREET ADDRESS	1515 N. Federal Hwy #405
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP Finance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Brian Richmond
STREET ADDRESS		3.3 STREET ADDRESS	1515 N. Federal Hwy #405
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, Florida 33432
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Seth Klein
STREET ADDRESS		4.3 STREET ADDRESS	1515 N. Federal Hwy #405
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, Florida 33432
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0162728