

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90187 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000041679**

1. Corporation Name  
**ARC X-RAY IMAGING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8420 ULMERTON ROAD #436 LARGO FL 33771 <b>12530 ENTERPRISE Blvd                  LARGO, FL. 33773</b>	Mailing Address 8420 ULMERTON ROAD #436 LARGO FL 33771 <b>12530 ENTERPRISE Blvd                  LARGO, FL. 33773</b>
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2. Principal Place of Business 21 <b>12530 ENTERPRISE Blvd</b> Suite, Apt. #, etc. 22 - City & State 23 <b>LARGO, FL</b> Zip Country 24 <b>33773</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>12530 ENTERPRISE Blvd</b> Suite, Apt. #, etc. 27 - City & State 28 <b>LARGO, FL</b> Zip Country 29 <b>33773</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>05/07/1997</b>	4. FEI Number <b>59-3446878</b>	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>PISIECZKO, CHARLES J                  3401 49TH STREET NORTH                  ST PETERSBURG FL 33710</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIZZLE, RALPH</b>	1.2 NAME	
STREET ADDRESS	<b>13895 TRINIDAD DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE FL 33776</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP CAREY, ALAN</b>	2.2 NAME	
STREET ADDRESS	<b>11554 IMPERIAL GRAVES DR E</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Alan R. Carey **ALAN R. CAREY** 2/3/99 727-524-9729  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)