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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Worthane

Secretary of State DIVISION OF CORPORATIONS

1998

P97000043151 (4)

DOCUMENT # IMS - IMAGING MEDICALSYSTEMS, INC.

## **FILED** May 22 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			1 1001/201 (10 1014 1001/ 001/1 001/1 001/1 01/1 01/	
2455 E SUNRISE BLVD. STE 300 FT LAUDERDALE FL 33304			2455 E SUNRISE BLVD. STE 300 FT LAUDERDALE FL 33304		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 05/12/1997	
	ace of Business	2a. Mailing Address	,		4. FEI Number	Applied For
21		26			65-071728	Not Applicable
Suite, Apt #, etc		Suite, Apl. #, etc.	<u>├</u> ¬		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		A 51 × 0	<del></del>
23		h1	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip Country		ry	This corporation owes or has paid the cu		
24	25	29	30		·	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent
HE	SS, GEORGE F II		8	1 Name		
333 N NEW RIVER DRIVE EAST			8	2 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
	TE 1000		L		tarees (i.e. zer rames is restricted)	
FT	LAUDERDALE FL 33301		8	3		
•			8	4 City		85 Zip Code
	<u> </u>				FL	•   •   •   •   •   •   •   •   •   •
11. Pursuant to	o <b>the</b> provisions of Sections 607.05 poistered agout, or both, in the State	02 and 607.1508, Florida <b>S</b> tati r. of Florida, Such ch <b>an</b> ge was	utes, the abo	ve-named co	proporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	of changing its registered
agent. I an	n familiar with, and accept the oblig	jations of, Section 607.0505, I	lorida Statut	es.	and the bear of an encoders. Thereby absorpt the app	Sommer de regionors
SIGNATURE				·		
12,	Signature typed or protect nonle of registered as	ient and title if replicable (Ni ID DIRECTORS	13.	gent signature re	quired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR IN 12
TITLE	D. OCTORNO AL	DELETE	1.1 101.6		Relidons	Change Addition
NAME	HESS, GEORGE F II		1.2 NAM		Do Pri Berson	2/1
STREET ADDRESS 333 N NEW RIVER DRIVE, EAST, SUITE 1000			E .	FT VUUBECC	De l'vi Berson 2455 E. Sonpin Dad	#300  S
CITY-ST-ZIP	,	1.4 CITY	-\$T-7IP	FORT LAWORDING - FL. 38	304	
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition C
NAME			2.2 NAM	£		}
STREET ADDRESS			2.3 STRE	ET ADDRESS		]
CITY-ST-ZIP	_		2 4 CITY	-ST-ZIP		1
TITLE		DELETE	3.1 117LE		<u> </u>	☐ Change ☐ Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		DELETE	4 1 TITLE			Change Addition
NAME			4. 2 NAM	IE		
STREET ADDRESS			4.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		Derre	5.4 City			Change 4 delice
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	orthy that the information considers	into this film and me not excelled	for the exerc		in Section 119.07(3)(i), Florida Statutes. I further ce	artify that the information
THEFELLY CE	этшу отан инститовтивного хирриссо у	via nije imira does nec quality	TOTAL BACK	witori stateu	in decision i retoritoritori, i ibilida etatutes. I iditifier de	army mar mo mormanon

report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a uslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the Block 12 or Block 13 if changed, or on a