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FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000056818 (2)

1. Corporation Name

PHYSICIANS' IMAGING CENTER ORLANDO, INC.



Principal Place of Business

Mailing Address

1021 SW 17TH STREET  
OCALA FL 34474

1021 SW 17TH STREET  
OCALA FL 34474

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 301 S.E. 17th Street

26 P.O. Box 5117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #102

27

City & State

City & State

23 Ocala, FL

28 Ocala, FL

Zip Country

Zip Country

24 34471

25 U.S.A.

29 34478

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

59-3456549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

AMERICAN INFORMATION SERVICES, INC.  
ONE SE 3RD AVENUE  
28TH FLOOR  
MIAMI FL 33131

81 Name

Emad Fakhoury

82 Street Address (P.O. Box Number is Not Acceptable)

301 S.E. 17th Street, #102

83

84 City

Ocala

FL

85 Zip Code

34471

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 resigning)

DATE

Emad Fakhoury, President 4/30/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME FAKHOURY, EMAD A  
STREET ADDRESS 1021 SW 17TH STREET  
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

4/6/98 (35)351-3298

CR2E034 (1097)