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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700056818

PHYSICIANS' IMAGING CENTER ORLANDO, INC.

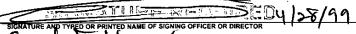
Principal Place	e of Business	Mailing Address							
301 SE 17TH S	STREET	PO BOX 5117							
#102		OCALA FL 34478				DO 1107 11/7/17 11/7 201 05			
OCALA FL 3447	71	us	J\$			DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed 06/27/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21		26				59-3456549		Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					<del></del>	\$8.75 A	dditional
22		27			5. Certificate of Status Desired	]	Fee Rec		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Bo
23	" •	28			Trust Fund Contribution	]	Added to		
Zip Country		Zip Country				8. This corporation owes the current	vear Intan		
24	25	29 30				Personal Property Tax.			
24	9. Name and Address of Currer					10. Name and Address of New Registered Agent			
	5. Name and Address of Curren	it Registered Agent		81	Name	To. Harrie and Addition of Hoth Rog.	<u> </u>	<del>,</del>	
FAKHOURY, EMAD					,,,,,,,				
	SE 17TH STREET, #102	8			Street Add	ress (P.O. Box Number is Not Acceptable)			
	LA FL 34471		_			S.W. 700 Street	21		
004	EX I'E 3447 I			83	•				
				84	City			85 Zip Ç	ode
					~ (	Ocala	FL	<u>"</u>  ЗЩ	174
11. Pursuant	to the provisions of Sections 607.050	)2 and 607.1508, Florida Statutes	, the a	bove-	named corp	oration submits this statement for the purp	ose of ch	anging its r	egistered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authors of Section 607 0505. Florid	horized la Stati	l by th	ne corporation	on's board of directors. I hereby accept the	appoint	nent as reg	isterea
	in familiar with, and accept the obliga	tions of Section our sood, Florid	u Oluli	100.			4		ļ
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	eaistered	Agent :	signature require	d when reinstating)	DATE		
12.	<u> </u>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	FAKHOURY, EMAD A		1.2 NA	ME					
STREET ADDRESS	1021 SW 17TH STREET				DDRESS				
	2041 4 51 04474								
CITY-ST-ZIP	OCALA FE 34474			1.4 C/TY-ST-ZIP 2.1 TITLE				Change	Addition
TITLE	•	□ DECE 1E					L		L_3 Addition
NAME			2.2 NAME						{
STREET ADDRESS			2.3 STREET		DDRESS				
CITY-ST-ZIP	<u> </u>		2.4 CITY-ST-ZIP		ZIP				
TITLE		☐ DELETE	3.1 TITLE				[	Change	☐ Addition
NAME		328		ME					
STREET ADDRESS	3.3		3.3 ST	REETA	DDRESS				
CITY-ST-ZIP			3.4. CI	TY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TI	ΠE				Change	☐ Addition
NAME	·		4. 2 N	AME	1				
STREET ADDRESS					DORESS				ļ
					í				İ
CITY-ST-ZIP		☐ DELETE	5.1 TT	TY-ST-	<u> </u>	<del></del>		Change	Addition
TITLE			5.1 II			•			
NAME )					ODDESC				1
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			_	TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TI				[	Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS	•		6.3 ST	REETA	DDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE: ¿

CITY-ST-ZIP



**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90075 009 \*\*\*150.00