

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90260 025 \*\*\*158.75

0582219

DOCUMENT # P97000081376

1. Corporation Name

ADVANCED IMAGING OF OCALA, INC.

Principal Place of Business

8150 SW STATE RD 200  
200  
OCALA FL 34481  
US

Mailing Address

8150 SW STATE RD 200  
200  
OCALA FL 34481  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

THURSTON, GARY A  
8150 SW STATE RD 200  
STE 200  
OCALA FL 34481

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

APPLIED FOR 59-3468543

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

X

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

X

8. This corporation owes the current year Intangible  
Personal Property Tax.

X

Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

TITLE ☐ DELETE

NAME D  
STREET ADDRESS THURSTON, GARY A  
2405 SE 17TH STREET SUITE 301  
CITY-ST-ZIP OCALA FL 34471

TITLE ☐ DELETE

NAME D  
STREET ADDRESS CARROLL, STEPHEN J  
1431 SW FIRST AVENUE  
CITY-ST-ZIP OCALA FL 34478

TITLE ☐ DELETE

NAME T/S  
STREET ADDRESS WINDY A. KEMP  
2405 SE 17TH STREET SUITE 301  
CITY-ST-ZIP OCALA FLORIDA 34471

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

WINDY A. KEMP

2/17/99 (352) 690-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)