

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90015 031 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000008206**

1. Corporation Name

**WELLNESS IMAGING, INCORPORATED**

Principal Place of Business  
 36555 US HIGHWAY 19 NORTH  
 PALM HARBOR FL 34684

Mailing Address  
 36555 US HIGHWAY 19 NORTH  
 PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 01/20/1998	
21		26		4. FEI Number 59-3500351	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

LAIN, JHON T  
 5128 CAREY ROAD  
 TAMPA FL 33624

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT/CEO
NAME	LAIN, JHON T	1.2 NAME	GARCIA, CARLOS M.
STREET ADDRESS	5128 CAREY ROAD	1.3 STREET ADDRESS	36555 US HWY 19N
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D	2.1 TITLE	VICE PRES/ SEC/ CFO
NAME	ARNOLDEY, CAROL A	2.2 NAME	LAIN, JHON T.
STREET ADDRESS	12800 BONN ROAD #9752	2.3 STREET ADDRESS	36555 US HWY 19N
CITY-ST-ZIP	LARGO FL 33774	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE		3.1 TITLE	TREASURER
NAME		3.2 NAME	SONG, CATHERINE
STREET ADDRESS		3.3 STREET ADDRESS	36555 US HWY 19N
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE		4.1 TITLE	DIRECTOR/EXECUTOR
NAME		4.2 NAME	LAIN, ANITA D
STREET ADDRESS		4.3 STREET ADDRESS	36555 US HWY 19N
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JHON T. LAIN VP/SEC/CFO 3-19-99 727-771-9649  
 Date Daytime Phone #

CR2E034 (11/98)