2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the reg changed, or on an attachme

Feb 17, 2002 8:00 am Secretary of State P98000106365 DOCUMENT # 1. Entity Name 02-17-2002 90032 001 ***150.00 INTERNATIONAL MEDICAL IMAGING OF CENTRAL FLORIDA , INC. Principal Place of Business Mailing Address 668 N ORLANDO AVENUE 668 N ORLANDO AVENUE SUITE 1005B SUITE 1005B MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3563824 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODBURN, SHAUN P Street Address (P.O. Box Number is Not Acceptable) 668 N ORLANDO AVENUE SUITE 1005B MAITLAND FL 32751 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (9/01) ☐ Change Addition TITLE ☐ Delete TITLE WOODBURN, SHAUN P NAME NAME 668 N ORLANDO AVENUE STE 1005B STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and a formation. of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director bute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED