

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S53427 (8)

1. Corporation Name

MEDVIEW SERVICES, INCORPORATED



Principal Place of Business

3611 QUEEN PALM DRIVE  
TAMPA FL 33619

Mailing Address

3611 QUEEN PALM DRIVE  
TAMPA FL 33619

3. Date Incorporated or Qualified  
05/17/1991

3a. Date of Last Report  
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 5111 Rogers Avenue

26 5111 Rogers Avenue

4. FEI Number

59-3090223

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 40-A

27 Suite 40-A

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Fort Smith, AR

28 Fort Smith, AR

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 72919-0155

25 Sebastian

29 72919-0155

30 Sebastian

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box, etc.)

83 City

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 Florida agent

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HOLT, W. SEYMOUR	3611 QUEEN PALM DR.	TAMPA FL	<input checked="" type="checkbox"/>
DV	HARRELL, CECIL S	3611 QUEEN PALM DR.	TAMPA FL	<input checked="" type="checkbox"/>
V	CERRE-RUEDISILI, DEBRA	32991 HAMILTON CT.	FARMINGTON HILLS MI	<input checked="" type="checkbox"/>
DV	MARTIN, BERTRAM T., JR.	3611 QUEEN PALM DR.	TAMPA FL	<input checked="" type="checkbox"/>
D	CAPMBELL, DAVID N.	3611 QUEEN PALM DR.	TAMPA FL	<input checked="" type="checkbox"/>
P	MARKS, ROBERT H	32991 HAMILTON CT.	FARMINGTON HILLS MI	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
D/P	Mathies, William A.	5111 Rogers Avenue, Suite 40-A	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/EV	Stephens, Bobby W.	5111 Rogers Avenue, Suite 40-A	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/VS	Pommerville, Robert W.	5111 Rogers Avenue, Suite 40-A	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/c	Banks, David R.	5111 Rogers Avenue, Suite 40-A	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/VC	Hendrickson, Boyd W.	5111 Rogers Avenue, Suite 40-A	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/AS	MacKenzie, John W.	5111 Rogers Avenue, Suite 40-A	Fort Smith, AR 72919-0155	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(1), 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:

*John W. MacKenzie*

John W. MacKenzie

4/25/96

501-484-8465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)