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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

S60378

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PHYSICIANS' IMAGING CENTER, INC.

FILED May 01, 1996 08:00 AM **Secretary of State**

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Principal Place	of Business		IV.	/lailing Address					
1021 SW 17TH STREET OCALA FL 34474			P.O. BOX 5117 OCALA FL 34478						
US				US			3. Date Incorporated or Qualified 06/18/1991	3a. Date of L 05/01	•
2. Principal Pla	ce of Busines	is	2a	. Mailing Address			4. FEI Number		Applied For
21			26				59-3073600		Not Applicable
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State			28	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip Country 25 9. Name and Address of Curren			Zip Country		itry	This corporation has liability for intangible tax under s 199.032,			
			29	stored Apont	30		Florida Statutes Ye	Booletered Ager	
	9, Name i	ind Address of C	orrent Regi	stered Agent		81 Name	10. Name and Address of New	uedisteren võet	···
F41/11011	DV 5111								
	ry, emad / 17th stf	EET					dress (P.O. Box Number is Not Accepta	able)	
OCALA F	(3)(074)					83			
	V.V					B4 City		FL 85	Zip Code
or registere	d agent, or b	oth, in the State of the obligations of	of Florida. Suc f, Section 607	ch change was author 7.0505, Florida Statute	ized by the c es.	orporation's bo	ard of directors. I hereby accept the ap	pointment as regis	tered agent. I am
SIGNATURE _			ed agent and title if	if annicable //	IOTE: Registered	Agent sonature requi	ired when reinstaling)	DATE	
SIGNATURE		printeo name of register		······································		Agent signature requi		DATE FICERS AND DIRE	ECTORS IN 12
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certify that the information inolicated 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 eath; that I am an officer or director of the corporation or the receiver or truete 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: ≤

1/24/96 Date (352) 351-3398