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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name

S67332

(4)

SURGICAL IMAGE LABORATORIES, INC.

нинора: насе	of Busness	Mailing Address				
1286 NEWPORT CENTER DR DEERFIELD BEACH FL 33442 US		1286 W. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442-7711 US				
				<ol> <li>Date Incorporated or Qualified 07/17/1991</li> </ol>	3a. Date of Last R 01/26/19	,
4. Principal Pla 1	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
! ] Suite, Apt. <i>i</i>		26 Suite, Apt. #, etc.		65-0275864		Not Applicable
2	, , , , , ,	27		5. Certificate of Status Desired	7	5 Additional Required
City & State		City & State		6. Election Campaign Financing		May Be
3	· · · · · · · <u>- · · - · · · · · · · · ·</u>	28		Trust Fund Contribution		d to Fees
Zip T	Country	<i>2</i> ιρ	Country	8. This corporation has liability for it		199.032,
1	9. Name and Address of Curre	29	30	Florida Statutes Yes		
	or Maine and Address of Carre	att negisteren Agent	81 Name ,	10. Name and Address of New R	egistered Agent	···
WOI SKY	/, AMY S.		ΙΙ	JOLSKY, AMY S		
	ADES RD.		82 Street Addr	ress (P.O. Box Number is Not Acceptable	le)	
SUITE 3			83		····	<del></del>
	ATON FL 33433		SUITE	. 307 €		
			84 City	RATEN	E1 85 Z	p Code
1. Pursuant to	o the prodisions of Sections 607.050	2 and 607.1508. Florida Statut	es, the above-named corpor	radiana audientia adeire adeire est fe di		3437
	ed agent, or both, in the State of Flor h, ann accept the oblightions of, Sec			ration submits this statement for the purp rd of directors. I hereby accept the appo	pintment as registered	i agent. I am
SIGNATURE	De Stanto	La	_		1-22 61	
	Signations, typica or princed matter of registere Lager		TE: Registered Agent signature require		1-23.56 DATE	
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SIGNATURE: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1-23.96 (954) 480-8323 Date Daytone Propre #