FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED

Apr 28 1998 8:00am

Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

(3)

MEDGRAF IMAGING SERVICE AND SALES, INC.

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Principal Place of Business				Maile	Mailing Address					a kabatadin sak kalin. Alina ililia balih i	NATE OF BEING AND STREET	ili eigii ofaci eigi	
2404 SADDLEWOOD LN					2404 SADDLEWOOD LN								
PALM HARBOR FL 34685 US			PALI US	PALM HARBOR FL 34685					DO NOT WRIT	E IN THIS	SPACE		
33				03	00				3.	. Date Incorporated or Qualified	_	70, 1102	
										10/09/1991			
	Principal P	cipal Place of Business			2a. Mailing Address				4.	FEI Number		Ar	pplied For
21					26				59-3088163		No	ot Applicable	
<u> </u>	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	. Certificate of Status Desired			Additional	
22	City & State			27	City & State							equired	
23	City & State			 	28			6.	Election Campaign Financing Trust Fund Contribution			May Be	
20	Zip	·	Country	Z0 Z	(D	Co	untry						to Fees
24	•		25	29		30	- ,		0.	 This corporation owes or has p Personal Property Tax due Jun 			tangible] No
	9. Name and Address of Current R								10. Name and Address of New Registered Agent				
	VANORE, DOMINICK							Name					
2404 SADDLEWOOD LANE								Street Ad	idress (F	P.O. Box Number is Not Accepte	hle)		
	PAL	.M HARBO	R FL 34685				62		, 000 (
							83						
							84	City				65 Zip (Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the							Ш		FL				
11.	Office of re	egi ste red ag	gent, or both, in the S	tate of Florida.	Such change was	authorize	ed by	the caroor	orporatio ration's l	on submits this statement for the board of directors. I hereby acce	purpose o	of changing it pointment as	ls registered reaistered
	agent. I ar	ith, and accept the ol	bligations of, S	ection 607.0505, F	Iorida Sta	tutes			•		•		
SIC	INATURE .	Stonelure Ivnes	d or printed name of registered	d acout and little if ar	pulicable (NO	11. Baristovs	ad Ann	nt signature rec	wired wher	n reinetation\	DATE		
12				AND DIRECTO		13.		it signatore rec		ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12
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I =		_	ADDLEWOOD LN			1.3 S	TREET	ADDRESS					
	r-st-zip	PALM H	IARBOR FL		·	1.4 0	ITY- \$1	- ZIP					
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NAM	·					. 22 N	IAME						
	EET ADDRESS					2.3 \$	IREET .	ADDRESS					
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TITL					☐ DELETE	3.1 T						Change	Addition
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	EET ADDRESS							ADDRESS					
CITY	-ST-ZIP						ITY-ST						
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NAM	IE					6.2 N	AME						

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 suppliemental 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 of 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.

6.4 CITY - ST - ZIP