

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90017 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V33356

1. Corporation Name
MARTECH MILLER LASER IMAGING, INC.

Principal Place of Business
7273 BRYAN DAIRY RD
LARGO FL 34647
US

Mailing Address
7273 BRYAN DAIRY ROAD
LARGO FL 34647
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3128333	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GOVONI, BRIAN R 141 5TH ST, NW STE 100 WINTER HAVEN FL 33881				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	WYATT, MARK F	<input checked="" type="checkbox"/> DELETE		
NAME		4950 PARSON BROWN LN.			
STREET ADDRESS		PALM HARBOR FL			
CITY-ST-ZIP					
TITLE	VP	MILLER, MARTIN T	<input type="checkbox"/> DELETE		
NAME		1244 ROYAL OAK DR			
STREET ADDRESS		DUNEDIN FL			
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> DELETE		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> DELETE		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> DELETE		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		P, VP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 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, with all other like empowered.

SIGNATURE: Martin T. Miller 4/30/99 (727) 577-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)