

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V56345** (4)

1. Corporation Name

ADVANCED IMAGING, INC.



Principal Place of Business

Mailing Address

**2151 45TH STREET
STE 104
WEST PALM BEACH FL 33407
US**

**2151 45TH STREET
STE 104
WEST PALM BEACH FL 33407
US**

3. Date Incorporated or Qualified
08/10/1992

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
65-0356902

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

**SPICER, DAVID W., ESQ.
BOBO, SPICER, CIOTOLI ET AL
222 LAKEVIEW AVENUE ESPERANTE - 6TH FLOOR
TALLAHASSEE, FL 32308
WEST PALM BEACH, FL 33401**

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

Signature of the person designated as registered agent on the application

(If the Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CANEDO, SAUL, M.D.	
STREET ADDRESS	2151 45TH STREET	
CITY-STATE-ZIP	W. PALM BCH. FL	
TITLE	V	☐ DELETE
NAME	WESTLEY, KURT A., M.D.	
STREET ADDRESS	2151 45TH STREET	
CITY-STATE-ZIP	W. PALM BCH. FL	
TITLE	ST	☐ DELETE
NAME	VISCONTI, MATHEW L., M.D.	
STREET ADDRESS	2151 45TH STREET	
CITY-STATE-ZIP	W. PALM BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

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 119.07(3)(k), 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: **KURT A. WESTLEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

4078817202

Title

Office Phone #

CR2E034 (12/95)