FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:21

DOCUMENT # **V63722** **(5)**

1. Corporation Name
DIAGNOSTIC ACCESS IMAGING, INC.

Principal Place of Business	Mailing Address
12995 S. CLEVELAND SUITE 182 FT MYERS FL 33907	12995 S. CLEVELAND SUITE 182 FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1992	3a. Date of Last Report: 08/18/1994
4. FEI Number: 59-3139353	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SAME AS ABOVE	City & State 28 SAME AS ABOVE
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

MURPHY, FRANK P.
800 LAUREL OAK DRIVE
SUITE 301
NAPLES FL 33963

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent's signature required when filing) (DAY)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	WOODBURN, RONALD L.	12 NAME	WOODBURN, RONALD L.
STREET ADDRESS	~~11090 MACGREGOR DR~~	13 STREET ADDRESS	6016 Lake Grasmere Way
CITY ST ZIP	FT MYERS FL	14 CITY ST ZIP	Ft. Myers, Fl
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	WOODBURN, MARTHA H.	22 NAME	WOODBURN, MARTEA H.
STREET ADDRESS	~~11090 MACGREGOR DR~~	23 STREET ADDRESS	6016 Lake Grasmere Way
CITY ST ZIP	FT MYERS FL	24 CITY ST ZIP	Ft. Myers, Fl
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HANSEN, FREDERICK R.	32 NAME	
STREET ADDRESS	13156 TALL PINES CIR	33 STREET ADDRESS	
CITY ST ZIP	FT MYERS FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	BAYMANN, JOHN K.	42 NAME	BAUMANN, JOHN K.
STREET ADDRESS	~~1025 15 RED CENTER DR.~~	43 STREET ADDRESS	4609-E Colony Rd
CITY ST ZIP	~~FT MYERS FL 33907~~	44 CITY ST ZIP	Charlotte, N.C.
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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.

SIGNATURE: FR Hansen (HANSEN) Pres — 2-17-95 — 813-936-8932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0321164 CP