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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 600251 (3)

1. Corporation Name
MEDICAL IMAGING ASSOCIATES OF MIAMI, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
5901 S.W. 74TH STREET SUITE 412 MIAMI FL 33143	5901 S.W. 74TH STREET SUITE 412 MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1100 NW 95th Street	2a. Mailing Address 26 700 NE 90 Street
Suite, Apt. #, etc. 22 Radiology Department	Suite, Apt. #, etc. 27 Attn: Daniel Koppen
City & State 23 Miami, Fl	City & State 28 Miami, Fl 33138-3206
Zip / Country 24 33150 / 25 Dade	Zip / Country 29 33138-3206 / 30 Dade

3. Date Incorporated or Qualified: 06/21/1966

4. FEI Number: 59-1150880 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KOPPEN, R. DANIEL
700 NORTHEAST 90TH STREET
MIAMI FL 33138-3206

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KATHE, JOHN 5901 S W 74TH ST STE 412 MIAMI, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCHLAKMAN, BRUCE 5901 SW 74TH ST, STE 412 MIAMI FL 33143	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DS 1100 NW 95 St, Radiology Dept Miami, Fl 33150	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SILBERMAN, MICHAEL 5901 SW 74TH ST, STE 412 MIAMI FL 33143	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DP 1100 NW 95 St, Radiology Dept Miami, Fl 33150	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ZAND, LLOYD 5901 SW 74TH ST, STE 412 MIAMI FL 33143	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LENTER, LESLIE 5901 SW 74TH ST., SUITE 412 MIAMI FL 33143	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DT 1100 NW 95 St, Radiology Dept Miami, Fl 33150	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE _____ 3-30-98

CR2E034 (10/97)