FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M79313** **(6)**

1. Corporation Name

PHYSICIANS CARDIAC IMAGING, INC.

Principal Place of Business
16244 S. MILITARY TRAIL. #740
DELRAY BEACH FL 33484

Mailing Address
16244 S. MILITARY TRAIL. #740
DELRAY BEACH FL 33484

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 05/04/1988

3a. Date of Last Report: 01/19/1995

4. FEI Number: 65-0053261 — ☐ 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

WAGNER, DAVID P.
9204 NW 83 ST.
TAMARAC FL 33321

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: David P. Wagner ADMINISTRATOR — DATE: Jan 16, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP; NAME: WAGNER, DAVID P.; STREET ADDRESS: 1590 NW 10TH AVE.#301; CITY-ST-ZIP: BOCA RATON FL	☐ DELETE	1.1 TITLE: VICE PRESIDENT; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-ST-ZIP	☑ Change ☐ Addition
TITLE: P; NAME: WYCKOFF, DONALD MD; STREET ADDRESS; CITY-ST-ZIP	☐ DELETE	2.1 TITLE: PRESIDENT; 2.2 NAME: DONALD WYCKOFF MD; 2.3 STREET ADDRESS: 1590 NW 10th AVE # 301; 2.4 CITY-ST-ZIP: BOCA RATON FL. 33486	☑ Change ☐ Addition
TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ DELETE	3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ 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	☐ DELETE	5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP	☐ 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 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: David P. Wagner ADMINISTRATOR — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: JAN 16, 1996 — Daytime Phone #: 407 368 7956

CR2E034 (12/95)