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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M79313

(6)

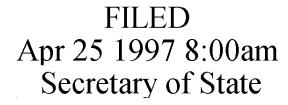
PHYSICIANS CARDIAC IMAGING, INC.

Principal Place of Business
16244 S. MILITARY TRAIL. #74

Mailing Address

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

16244 S. MILITARY TRAIL. #740 DELRAY BEACH FL 33484-6505





				3. Date Incorporated or Qualified 38. Date of Last Report		
•				05/04/1988 02/07/1996		
Principal Pl	ace of Business	2å. Maiting Address		4. FEI Number Applied For		
21		26		65-0053261 Not Applicable		
Suite, Apt. (#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22		27		Fee Required		
City & State	•	City & State		Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	Florida Statutes Yes 🔲 No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent		
WAG	BNER, DAVID P.		81 Na	Name		
9204 NW 83 ST.			82 Su	82 Street Address (P.O. Box Number is Not Acceptable)		
TAMARAC FL 33321			1 0 1	moderation (1.0. Box running in the riosephane)		
			83			
			77.			
			84 Ci	FL 85 Zip Code		
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the Slate in familiar with, and accept the obliga	of Florida. Such change was	s authorized by the	arned corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	The state of the s					
	Signature, typod or punted name of registered age:			gnature required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP .	DELETE	1.1 THEF	Sam Haim/President Change Addition		
NAME	WAGNER, DAVID P.		1.2 NAME	1590 17W, 10th Avenue + 301		
STREET ADDRESS	1590 NW 10TH AVE.#301		1.3 STREET ADDR	DRESS BOCO ROTAN E) =>>11C1		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP	1 3000 KWO 1 1 33486		
TITLE	P	DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME	WYCKOFF, DONALD MD		2.2 NAME			
STREET ADDRESS	1590 NW 10TH AVE, #301		2.3 STREET ADDE	DRESS		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZH	ZIP		
TITLE		DELETE	3.1 TITLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDR	DRESS		
CITY-ST-ZIP			3.4. City - St - Zi			
TITLE		DELETE	4.1 TOLE	Change Addition		
NAME			4. 2 NAME			
· · · · · · · · · · · · · · · · · · ·			, I	phréc		
STREET ADDRESS			4.3 STREET ADDE			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition		
		[Dittil		C Change E Noorlion		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDI	DRESS		
CITY-ST-ZIP			5.4 CITY - ST - Z(P			
TITLE ;	. :	☐ DELETE	6.1 TITLE	Change Addition		
NAME :			6.2 NAME			
STREET ADDRESS	:		6.3 STREET ADDR	DRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	ilb		

I do 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 name an officer or directory 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 prook 13 if charging, or on an attachment with an address.