

**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

**FILED**  
**May 01 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P94000051367 (8)**

1. Corporation Name  
**EAST BROWARD IMAGING, INC.**



Principal Place of Business      Mailing Address  
**3474 N UNIVERSITY DR  
SUITE 804  
SUNRISE FL 33351**      **3474 N UNIVERSITY DR  
SUITE 804  
SUNRISE FL 33351**

3. Date Incorporated or Qualified **07/12/1994**      3a. Date of Last Report **05/01/1995**  
4. FEI Number **APPLIED FOR 050134463**      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 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Country  
24      25      29      30

9. Name and Address of Current Registered Agent  
**BILELLO, VINCENT  
3474 N UNIVERSITY DR  
SUITE 804  
SUNRISE FL 33351**

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 date (applicable)      (NOTE: Registered Agent signature required when registering)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILELLO, VINCENT</b>	12 NAME	
STREET ADDRESS	<b>3474 N UNIVERSITY DR</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL 33351</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHN, LEONARD</b>	2 2 NAME	
STREET ADDRESS	<b>3474 N UNIVERSITY DR</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL 33351</b>	2 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	<b>000001829420</b>
STREET ADDRESS		4 3 STREET ADDRESS	<b>-05/20/96--01046--052</b>
CITY - ST - ZIP		4 4 CITY - ST - ZIP	<b>***200.00</b>
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

000001829420  
-05/20/96--01046--052  
\*\*\*200.00

*JR*  
*5-1-96*

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: *Vincent A. Bilello*      Vincent A. Bilello      5-8-96      954-744-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office or Phone #

CR2E034 (12/95)