

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 15 AM 10:49

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055924 (2)

1. Corporation Name

MAMMOGRAPHY CENTER, INC.

Principal Place of Business

198 N.W. 10TH COURT  
BOCA RATON FL 33486

Mailing Address

198 N.W. 10TH COURT  
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

2. Principal Place of Business

21. 6971 W. Sunrise Blvd.

2b. Mailing Address

26. Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

27. Suite 104

23. City & State

28. Plantation, FL

24. Zip

25. 33313

Country

25. Broward

29. Zip

30. Country

4. FEI Number

65-0507806

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

SMITH, SHERMAN  
198 N.W. 10TH COURT  
BOCA RATON FL 33486

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 fee if applicable)

Signature (typed or printed name of registered agent and fee if applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                     |
|-----------------|---------------------|
| TITLE           | 1.1 TITLE           |
| NAME            | 1.2 NAME            |
| STREET ADDRESS  | 1.3 STREET ADDRESS  |
| CITY - ST - ZIP | 1.4 CITY - ST - ZIP |
| TITLE           | 2.1 TITLE           |
| NAME            | 2.2 NAME            |
| STREET ADDRESS  | 2.3 STREET ADDRESS  |
| CITY - ST - ZIP | 2.4 CITY - ST - ZIP |
| TITLE           | 3.1 TITLE           |
| NAME            | 3.2 NAME            |
| STREET ADDRESS  | 3.3 STREET ADDRESS  |
| CITY - ST - ZIP | 3.4 CITY - ST - ZIP |
| TITLE           | 4.1 TITLE           |
| NAME            | 4.2 NAME            |
| STREET ADDRESS  | 4.3 STREET ADDRESS  |
| CITY - ST - ZIP | 4.4 CITY - ST - ZIP |
| TITLE           | 5.1 TITLE           |
| NAME            | 5.2 NAME            |
| STREET ADDRESS  | 5.3 STREET ADDRESS  |
| CITY - ST - ZIP | 5.4 CITY - ST - ZIP |
| TITLE           | 6.1 TITLE           |
| NAME            | 6.2 NAME            |
| STREET ADDRESS  | 6.3 STREET ADDRESS  |
| CITY - ST - ZIP | 6.4 CITY - ST - ZIP |

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President  
Sherman Smith  
198 NW 10th Ct.  
Boca Raton, FL 33486



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 115.07(2)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

Sherman Smith 3/10/95 205 792 1137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE