FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V24003 1. Corporation Name

AMIN RADIOLOGY, INC.

Principal Place of Business	Mailing Address
922 N CITRUS AVE CRYSTAL RIVER FL 34428	922 N CITRUS AVE CRYSTAL RIVER FL 34428
US	US US

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90155 013 ***150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified 03/26/1992			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Appli	ed For	
21	acc of Basinoss	26				59-3110464		pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_ \$8	75 Add	ditional	
22	•	27				5. Certificate of Status Desired F	ee Requ	ired	
City & State	9	City & State				6. Election Campaign Financing \$5	.00 Ma	ay Be	
23		28				Trust Fund Contribution A	ded to F	ees	
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
ALAIA	ALMAL WARRALTOLL A			81 Name					
	AMIN, KAMALESH A.			82 Street Address (P.O. Box Number is Not Acceptable)					
	922 N CITRUS AVE CRYSTAL RIVER FL 34428								
CHI	STAL HIVEN PL 34420]	83		,			
			}	84	City	85	Zip Co	de	
					•	FL [1]		, , ,	
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the ab	ove	 named corpo the corporation 	oration submits this statement for the purpose of changin's board of directors. I hereby accept the appointment	ng its re as regis	gistered tered	
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statu	tes.	iio oorporation	no board of directors. Thoroby assept the appearance			
SIGNATURE									
OIGHATORE	Signature, typed or printed name of registered agent		_ - -	Agent	t signature required				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIR		Addition	
TITLE	PT	☐ DELETE	1.1 सा।				ange	☐ Addition }	
NAME	AMIN, KAMALESH A		1.2 NA	ME				Į	
STREET ADDRESS	515 W BRITAIN ST		1.3 STF	REET	ADDRESS			{	
CITY-ST-ZIP	HERNANDO FL 34442		1.4 CIT		-ZIP				
TITLE		☐ DELETE	2.1 ∏∏	LE			ange	Addition	
NAME			2.2 NA	ME				l	
STREET ADDRESS	2.3 S		2.3 STF	REET	ADDRESS			ļ	
CITY-ST-ZIP			2. 4 CI	TY-S	r-zip			<u> </u>	
TITLE		☐ DELETE	3.1 TIT	LE			ange	Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STF	REET	ADDRESS				
CITY-ST-ZIP			3.4. CI	7Y-S1	Γ- ZIP				
TITLE		☐ DELETE	4.1 TIT	LΕ			ange	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-\$T	-ZIP				
TITLE		☐ DELETE	5.1 TIT			C	nange	Addition	
NAME			5.2 NA	ME				l	
STREET ADDRESS					ADDRESS			}	
CITY-ST-ZIP		* * *	5.4 CIŢ						
TITLE		☐ DELETE	6.1 TIT	LE .	' [nange	Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	ADDRESS	·•,			
CITY-ST-ZIP		i	6.4 CIT	Y-ST	• ZiP	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP		1	0.4 6.11			autica 440 07/03/5\ Florido Ctatutos, I furthan contifu tha			

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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an absorbied with an address, with all other like empowered.

SIGNATURE: