FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90132 030 ***150.00

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 # 600251

1. Corporation Name

MEDICAL IMAGING ASSOCIATES OF MIAMI, PROFESSIONA L ASSOCIATION

Principal Place	e of Business	Mailing Address			1				•.•.	• • • • • • • • • • • • • • • • • • • •		
1100 NW 95TH	ST	700 NE 90TH ST										
RADIOLOGY DEPT MIAMI FL 33150		ATTN: DANIEL KOPPEN					DO NOT WRITE IN THIS SPACE					
		MIAMI FL 33138 US				2		12 11 11113	OI AOL	-		
US				3	Date Incorporated or Qualifed							
5 0		20 14-15- 14					06/21/1966 FEI Number		1	1	tied Cee	
⊢ ¬ '	lace of Business	2a. Mailing Address				••			·	+	lied For Applicable	
		Suite, Apt. #, etc.				+	59-1150880		60		ditional	
Suite, Apt. #, etc.						5.	Certifcate of Status Desired			e Req		
City & State		City & State				-	Francis Total Francis	ي ، سير د س				
⊢		h				t	Election Campaign Financing Trust Fund Contribution			.uu n ded to	lay Be	
Zip	Country	Zip	Country	,			This corporation owes the curr	ant voor Int		400 10		
·	25		30				Personal Property Tax.	em year mu	Yes	. [□No	
24	9. Name and Address of Current		301				Name and Address of New F	Registered				
	J. Hame and Address of Content	registered Agent	81	1 1	Name							
KOPPEN, R. DANIEL												
	NORTHEAST 90TH STREET		82	١ (Street Addres	ss (P.	O. Box Number is Not Accepta	ible)				
MIAMI FL 33138-3206			83	-								
			"						•			
			84	7	City		•	FI	85	Zip Co	ode	
44 =		1.007.4500. El. : 1. Ot-1.4-	- 45	Ļ		41	authority this statement for the		chongin	o ite e	naietored	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	' Florida. Such change was au	thorized by	the	amed corpor e corporation	rauon n's boa	ard of directors. I hereby accep	t the appoir	ntment a	as regi	stered	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	i.					•			
SIGNATURE								DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS				egistered Agent signature required 13.			instating) DDITIONS/CHANGES TO OF		n nire	CTOR	S IN 12	
		DELETE	1.1 TITLE				DETTOROGENATORE TO CIT	102,107.8	☐ Cha		Addition	
TITLE	DS BOULD AVAILABLE BRUCE		1.2 NAME									
NAME	SCHLAKMAN, BRUCE	· DERT										
STREET ADDRESS	1100 NW 95TH ST, RADIOLOGY	UEPI	1.3 STREET									
CITY-ST-ZIP	MIAMI FL 33150	☐ DELETE	1.4 CITY- 81	T- ZI	P				Cha	nne	Addition	
TITLE	DP	☐ Nereie	2.1 TITLE							n igo		
NAME	SILBERMAN, MICHAEL		2.2 NAME		i							
STREET ADDRESS	1100 NW 95TH ST, RADIOLOGY	DEPI	2.3 STREET									
CITY-ST-ZIP	MIAMI FL 33150		2. 4 CITY-S	3T- Z	3P				☐ Cha		Addition	
TITLE	DT	☐ DELETE	3.1 TITLE						Щона	แพช		
NAME	LENTER, LESLIE		3.2 NAME									
STREET ADDRESS				TAD	DRESS							
CITY-ST-ZIP	MIAMI FL 33150		3 4. CITY-S	T-Z	IP						□ A 4412'	
TITLE			4.1 TITLE						☐ Cha	inge	☐ Addition	
NAME			4. 2 NAME									
STREET ADDRESS	s		4.3 STREET ADDRESS		DRESS							
CITY-ST-ZIP			4.4 CITY-ST	T-ZI	P							
TITLE		☐ DELETE	5.1 TITLE						☐ Cha	inge	☐ Addition	
NAME			5.2 NAME		-		•					
STREET ADDRESS			5.3 STREET	T AD	ORESS							
CITY-ST-ZIP		,	5.4 CITY-ST	T-ZI	Р							
TITLE		☐ DELETE	6.1 TITLE						Cha	nge	☐ Addition	
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET	ΓAD	DRESS							

14. I 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 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 principle of the corporation of the receiver of trustee empowered.

SIGNATURE:

Bruce Schlakman

Bruce Schlakman

No TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99

Daytime Phone #

CR2E034 (11/98)