

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
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # 651173 (7)
1. Corporation Name
PALM BEACH-BROWARD MEDICAL IMAGING CENTER, INC.



Principal Place of Business: **1500 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441**
Mailing Address: **1500 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	City & State	
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified 11/02/1979	3a. Date of Last Report 02/01/1995
4. FEI Number 59-1951249	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**MISHKIN, KENNETH J.
3051 N. 34TH STREET
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name	HAMPTON, ROGER N.		
82 Street Address (P.O. Box Number is Not Acceptable)	1500 E. HILLSBORO BLVD.		
83	SUITE 105		
84 City	DEERFIELD BEACH	85 Zip Code	FL 33441

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: *Roger N. Hampton* **ROGER N. HAMPTON, PRESIDENT** 2/29/96
(Signature, by e-filing or printed name of registered agent and their approval) (Print Name, Title, Age of signatory required when registering)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VT	<input checked="" type="checkbox"/>
NAME	MISHKIN, LESLIE	
STREET ADDRESS	3051 N 34TH ST	
CITY-STATE-ZIP	HOLLYWOOD, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	MISHKIN, KENNETH J	
STREET ADDRESS	3051 N 34TH ST	
CITY-STATE-ZIP	HOLLYWOOD, FL 00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PTD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	HAMPTON, ROGER N.		
1.3 STREET ADDRESS	1500 E. HILLSBORO BLVD., SUITE 105		
1.4 CITY-STATE-ZIP	DEERFIELD BEACH, FL 33441		
2.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	ANDREA HAMPTON, ANDREA J.		
2.3 STREET ADDRESS	1500 E. HILLSBORO BLVD, SUITE 105		
2.4 CITY-STATE-ZIP	DEERFIELD BEACH, FL 33441		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP			

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: *Roger N. Hampton* **ROGER N. HAMPTON** 2/29/96 954-426-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)