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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 651173

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1979
4. FEI Number: 59-1951249
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 owes the current year Intangible Personal Property Tax: Yes/No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

9. Name and Address of Current Registered Agent
HAMPTON, ROGER N
1500 E HILLSBORO BLVD SUITE 105
DEERFIELD BCH FL 33441

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1.1 TITLE: PTD
1.2 NAME: HAMPTON, ROGER N
1.3 STREET ADDRESS: 1500 E HILLSBORO BLVD SUITE 105
1.4 CITY-ST-ZIP: DEERFIELD BCH FL
2.1 TITLE: DS
2.2 NAME: HAMPTON, ANDREA J
2.3 STREET ADDRESS: 1500 E HILLSBORO BLVD SUITE 105
2.4 CITY-ST-ZIP: DEERFIELD BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: VD
1.2 NAME: MISHKIN, KENNETH
1.3 STREET ADDRESS: 1500 E. HILLSBORO BLVD. SUITE 105
1.4 CITY-ST-ZIP: DEERFIELD BEACH, FL
2.1 TITLE: VD
2.2 NAME: MISHKIN, LESLIE
2.3 STREET ADDRESS: 1500 E. HILLSBORO BLVD. SUITE 105
2.4 CITY-ST-ZIP: DEERFIELD BEACH, FL

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4-13-99 DAYTIME PHONE: 954-426-3006

CR2E034 (1/198)