SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** G30385 (0)NUCLEAR MAGNETIC IMAGING, INC. Principal Place of Business Mailing Address 3122 E. COMMERCIAL BLVD. 3122 E. COMMERCIAL BLVD. FT LAUDERDALE FL 33308-4327 FT LAUDERDALE FL 33308-4327 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1983 02/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2293942 26 Not Applicable Suite, Apt. #, etc. Suite, Apt # etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Added to Fees Trust Fund Contribution Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032 24 Yes 🔲 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAGAN, ROBERT L. 3122 E COMMERCIAL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 83 84 City Z p Code 85 33308 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, type the period on or of registered agent and tribed applies about (NOTE: Registered Agent signature required when reinstitling) 12. OFFICERS AND DIRECTORS (3/86)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE DELETE 1.11111.6 Change Addition NAME KAGAN, ROBERT L 1.2 NAME R2E034 1131 S.E. 4TH ST. STREET ADDRESS 1.3 STREET ADDRESS 33301 FT LAUDERDALE, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2.1 THE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIF CITY-SI-ZIP TITLE DELETE 3.1 TULE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CHTY - ST - ZIP DELETE TILLE 41 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CHTY-ST-ZIP 4.4 City - St - ZiP DELETE 5.1 T(1) F Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 City - St - ZiP DELETE TITLE 6 1 THILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 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 1 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 it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED PARE OF SIGNING OFFICER OF DIRECTOR.

Out Officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

SIGNATURE:

Out Officer or director of the corporation of