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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G30460** (1)

1. Corporation Name
RADSCAN OF MIAMI, INC.

Principal Place of Business
**200 S. WACKER DRIVE, SUITE 700
CHICAGO IL 60606-5802
US**

Mailing Address
**200 S. WACKER DRIVE, SUITE 700
CHICAGO IL 60606-5802
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/25/1983

3a. Date of Last Report
05/01/1996

4. FEI Number

36-3229709

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Sign or, if typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VT	<input type="checkbox"/> DELETE
NAME	GAUVREAU, PAUL	
STREET ADDRESS	200 S. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RECCHIO, PAMELA A.	
STREET ADDRESS	185 EILEEN WAY	
CITY-ST-ZIP	SYOSSET NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BYER, WILLIAM	
STREET ADDRESS	100 ENGINEERS ROAD	
CITY-ST-ZIP	HAUPPAUGE NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GUTHART, LEO A.	
STREET ADDRESS	165 EILEEN WAY	
CITY-ST-ZIP	SYOSSETT NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINICK, STEVEN J.	
STREET ADDRESS	165 EILEEN WAY	
CITY-ST-ZIP	SYOSSET NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ZERMUEHLEN, WILLIAM A.	
STREET ADDRESS	200 S. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Wm Zermuehlen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

312/831-1070

Daytime Phone #

CR2E034 (9/96)