

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90014 037 ***150.00

DOCUMENT # G30460

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1983

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT ☐ DELETE
NAME GAUVREAU, PAUL
STREET ADDRESS 200 S. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

TITLE S ☐ DELETE
NAME RECCHIO, PAMELA A.
STREET ADDRESS 165 EILEEN WAY
CITY-ST-ZIP SYOSSET NY

TITLE S ☐ DELETE
NAME HIGGINS, MARTIN
STREET ADDRESS 165 EILEEN WY
CITY-ST-ZIP SYOSSET NY 11791

TITLE CD ☐ DELETE
NAME GUTHART, LEO A.
STREET ADDRESS 165 EILEEN WAY
CITY-ST-ZIP SYOSSETT NY

TITLE PD ☐ DELETE
NAME WINICK, STEVEN J.
STREET ADDRESS 165 EILEEN WAY
CITY-ST-ZIP SYOSSET NY

TITLE AS ☐ DELETE
NAME ZERMUEHLEN, WILLIAM A.
STREET ADDRESS 200 S. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

WILLIAM A. ZERMUEHLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)