

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

DOCUMENT # G72494 (9)

1. Corporation Name
BROWARD NMR, INC.



Principal Place of Business
**4800 NE 20TH TERR
SUITE 201
FT LAUDERDALE FL 33308
US**

Mailing Address
**4800 NE 20 TERRAVE
SUITE 201
FT LAUDERDALE FL 33308
US**

3. Date Incorporated or Qualified **11/30/1983** 3a. Date of Last Report **05/11/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2311151		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip Country		29 Zip Country		30			

9. Name and Address of Current Registered Agent

**CARLISLE, RUSSELL E.
415 SOUTHEAST 12TH ST.
FT. LAUDERDALE FL 33316**

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	DP	<input type="checkbox"/> DELETE
NAME	DICKENS, WILLIS N	
STREET ADDRESS	300 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNELL, ROGER G.	
STREET ADDRESS	300 SE 17TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, JAMES B.	
STREET ADDRESS	300 SE 17TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DICKENS, Willis N.	
1.3 STREET ADDRESS	1625 S.E. 3rd Ave., Suite 400	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316-2521	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHNELL, Roger G.	
2.3 STREET ADDRESS	1625 S.E. 3rd Ave., Suite 400	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316-2521	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PERRY, James B.	
3.3 STREET ADDRESS	1625 S.E. 3rd Ave., Suite 400	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316-2521	
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 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:

Willis N. Dickens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (954) 524-6527
Date Daytime Phone #

CR2E034 (12/95)