

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H96579 (8)  
1. Corporation Name  
MOBILE X-RAY SPECIALISTS, INC.



Principal Place of Business 185 E. ALTAMONTE DR D-214 ALTAMONTE SPRING FL 32701 US	Mailing Address P O BOX 151412 KEVIN P. MCDONOUGH ALTAMONTE SPRING FL 32715-1412
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2. Principal Place of Business 21 656 Florida Central Parkway Suite, Apt. #, etc. 22 City & State 23 Longwood, FL 24 Zip 32750 25 Country US	2a. Mailing Address 26 c/o Edward M. Livingston, Esq. Suite, Apt. #, etc. 27 P.O. Box 1599 City & State 28 Winter Park, FL 29 Zip 32790 30 Country US
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3. Date Incorporated or Qualified 01/29/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2273948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCDONOUGH, KEVIN P.  
141 TOLLGATE TRAIL  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name Edward M. Livingston
82 Street Address (P.O. Box Number is Not Acceptable) 628 Ellen Drive
83
84 City Winter Park
85 FL 32789

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 Edward M. Livingston

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

(NOTE: Registered Agent's signature required when reinstating)

*Edward M. Livingston* 1/29/97

12. OFFICERS AND DIRECTORS

TITLE	PDM	<input type="checkbox"/> DELETE
NAME	MCDONOUGH, KEVIN P.	
STREET ADDRESS	141 TOLLGATE TRAIL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	DORN, JONATHAN S., M.D.	
STREET ADDRESS	330 EVANS DALE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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: X *Kevin P. McDonough* President

4/22/97 (407) 339-7744

CR2E034 (9/96)