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Apr 30 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 # **J38629** (8)

1. Corporation Name
SOUTH FLORIDA MAGNETIC IMAGING, INC.

Principal Place of Business
**50 E SAMPLE ROAD
SUITE 100
POMPANO BEACH FL 33064-0529
US**

Mailing Address
**50 E SAMPLE ROAD
SUITE 100
POMPANO BEACH FL 33064-3552
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1986		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2731276		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
FLATEN, PAUL M.D. 50 E SAMPLE RD STE 100 POMPANO BEACH FL 33064				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	TD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	FLATEN, PAUL M.		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	50 E SAMPLE RD, #302		1.2 NAME		
CITY - ST - ZIP	POMPANO BEACH FL		1.3 STREET ADDRESS		
TITLE	VD	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP		
NAME	NORMAN, DONALD		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	50 E SAMPLE RD #302		2.2 NAME		
CITY - ST - ZIP	POMPANO BEACH FL		2.3 STREET ADDRESS		
TITLE	PD	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP		
NAME	TODD, MURRAY		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	50 E SAMPLE RD #302		3.2 NAME		
CITY - ST - ZIP	POMPANO BEACH FL		3.3 STREET ADDRESS		
TITLE	SD	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP		
NAME	HAMMOND, THOMAS		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	50 E SAMPLE RD #302		4.2 NAME		
CITY - ST - ZIP	POMPANO BEACH FL		4.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP		
NAME	SWERDLOFF, MARCH		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	50 E SAMPLE RD #302		5.2 NAME		
CITY - ST - ZIP	POMPANO BEACH FL		5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY - ST - ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC A. SWERDLOFF MARC A. SWERDLOFF

Date

4/23/97

Daytime Phone #

(954) 942-9997

CR2E034 (9/96)