AMENDED REPORT

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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # K22359

1. Corporation Name

UNITED MEDICAL IMAGING, INC.

Principal Place of Business
4505 W. FLAGLER ST. #102
MIAMI, FL. 33134

Mailing Address
4505 W. FLAGLER ST. #102
MIAMI, FL. 33134

AMENDED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 05/03/1988

4. FEI Number: 65-0052021 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRUGONE, GRACIELA
3383 N.W. 7th ST.
MIAMI, FL. 33125

10. Name and Address of New Registered Agent

81 Name: JIMENEZ, JUAN
82 Street Address (P.O. Box Number is Not Acceptable): 4505 W. FLAGLER ST. #102
83
84 City: MIAMI FL 85 Zip Code: 33134

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 X ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRUGONE, GRACIELA		1.2 NAME		
STREET ADDRESS	4505 W. FLAGLER ST. #102		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33134		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	PVSTD	☒ Change ☐ Addition
NAME	JIMENEZ, JUAN		2.2 NAME	JIMENEZ, JUAN	
STREET ADDRESS	4505 W. FLAGLER ST. #102		2.3 STREET ADDRESS	4505 W. FLAGLER ST. #102	
CITY-ST-ZIP	MIAMI, FL. 33134		2.4 CITY-ST-ZIP	MIAMI, FL. 33134	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	200002657822	
STREET ADDRESS			3.3 STREET ADDRESS	-10/07/98--01060--045	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	10/7	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: X ______ 9/30/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUAN JIMENEZ, PRES.