FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:40

DOCUMENT # K70119 (8)

1. Corporation Name
MRI OF NORTH BREVARD, INC.

Principal Place of Business
1905 JESS PARRISH CT.
TITUSVILLE FL 32796

Mailing Address
1905 JESS PARRISH CT.
TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1989
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2932423 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GUERRERO, JUAN A., M.D.
1825 JESS PARRISH COURT
TITUSVILLE FL 32796

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GUERRERO, JUAN A., M.D.	1.2 NAME	
STREET ADDRESS	1825 JESS PARRISH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ROJAS, JOSEPH E., M.D.	2.2 NAME	
STREET ADDRESS	1855 MEDICAL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SWAN, EDWARD F.W., M.D.	3.2 NAME	
STREET ADDRESS	1901 JESS PARRISH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	GLENN, JAMES D., M.D.	4.2 NAME	
STREET ADDRESS	1855 MEDICAL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: (X) Juan A. Guerrero — JUAN A. GUERRERO — (X) 3-2-95 — 407-267 6796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062177 CP