

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K70119 (8)

1. Corporation Name

MRI OF NORTH BREVARD, INC.

Principal Place of Business

Mailing Address

1805 JESS PARRISH CT.
TITUSVILLE FL 32796

1905 JESS PARRISH CT.
TITUSVILLE FL 32796



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/03/1989	03/09/1995
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	Applied For
22		27		59-2932423	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
24	Country	25	Country	29	30

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 then if applicable

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

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	
NAME	GUERRERO, JUAN A., M.D.	12 NAME	
STREET ADDRESS	1825 JESS PARRISH CT.	13 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	
NAME	ROJAS, JOSEPH E., M.D.	22 NAME	
STREET ADDRESS	1855 MEDICAL DR.	23 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	
NAME	SWAN, EDWARD F.W., M.D.	32 NAME	
STREET ADDRESS	1901 JESS PARRISH CT.	33 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	
NAME	GLENN, JAMES D., M.D.	42 NAME	
STREET ADDRESS	1855 MEDICAL DR.	43 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Juan A. Guerrero → *Tyler Miller as Partner*
JUAN A. GUERRERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96

Date

407
267-6796
Telephone #

CR2E034 (3/96)