

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90004 035 ***158.75

DOCUMENT # L31819

1. Corporation Name

DATASCAN OF FLORIDA, INC.

Principal Place of Business

2301 W. SAMPLE RD.
BLDG. 4 SUITE 2A
POMPANO BEACH FL 33073
US

Mailing Address

5100 TOWN CENTER CIRCLE, STE. 560
BOCA RATON FL 33486
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/27/1989

4. FEI Number

65-0160625

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Guillama, Noel J.

82 Street Address (P.O. Box Number is Not Acceptable)

Same

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

Noel J. Guillama

4-7-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GOLDSTEIN, MICHAEL
STREET ADDRESS 5100 TOWN CENTER CIRCLE, STE. 560
CITY-ST-ZIP POMPANO BEACH FL 33486

TITLE VT ☐ DELETE

NAME SHROEDER, SHARON
STREET ADDRESS 5100 TOWN CENTER CIRCLE, STE. 560
CITY-ST-ZIP POMPANO BEACH FL 33486

TITLE D ☒ DELETE

NAME COHEN, DONALD B
STREET ADDRESS 5100 TOWN CENTER CIRCLE, STE. 560
CITY-ST-ZIP POMPANO BEACH FL 33486

TITLE D ☐ DELETE

NAME GUILLAMA, JOEL J
STREET ADDRESS 5100 TOWN CENTER CIRCLE, STE. 560
CITY-ST-ZIP POMPANO BEACH FL 33486

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME Guillama, Noel J.
1.3 STREET ADDRESS 5100 Town Center Circle, Ste 560
1.4 CITY-ST-ZIP Boca Raton, FL 33486

2.1 TITLE V/D/T ☒ Change ☐ Addition

2.2 NAME Schroeder, Sharon
2.3 STREET ADDRESS 5100 Town Center Circle, Ste 560
2.4 CITY-ST-ZIP Boca Raton, FL 33486

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Noel J. Guillama 4-7-99 561-416-9484

Date

Daytime Phone #

CR2E034 (11/98)