


FILE NOW. FILING FEE AFTER MAR 1ST IS \$550.00

FILED

Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90039 018 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
------------------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

DOCUMENT # L91919

1. Corporation Name

MIDTOWN IMAGING, P.A.

Principal Place of Business

5405 OKEECHOBEE BLVD.  
SUITE 101  
WEST PALM BEACH FL 33417  
US

Mailing Address

11 SHELDRAKE LANE  
PALM BEACH GARDENS FL 33418  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/24/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0205706	
24 Country		29 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes the current year intangible Personal Property Tax.					

9. Name and Address of Current Registered Agent

HYLAND, WILLIAM  
4100 RCA BLVD  
SUITE 100  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	Michael Tannenbaum
82 Street Address	2161 Palm Beach Lake Blvd
83 Suite	Suite 304
84 City	West Palm Beach
85 State	FL
86 Zip Code	33409

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

Michael Tannenbaum

(NOTE: Registered Agent signature required when reinstating)

3/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, ROBERT D	1.2 NAME	
STREET ADDRESS	11 SHELDRAKE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 807, 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:

Robert D Burke

Date

2/2/99

Daytime Phone #

561-697 3001

CR2E034 (11/98)