

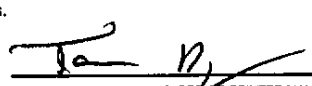


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 27 FEB 10 PM 2:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000117			
BON-BONE INTERNATIONAL, L.C. %BON-BONE MEDICAL IMAGING, INC. 1495 FOREST HILL BLVD., STE. C WEST PALM BEACH FL 33406		1a. Principal Place of Business Address %BON-BONE MEDICAL IMAGING, IN 1495 FOREST HILL BLVD., STE. WEST PALM BEACH FL 33406			
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/18/1994	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
Country		Country		65-0469037	
Country		Country		5. Date of Last Report	
Country		Country		02/15/1996	
Country		Country		6. Certificate of Status Desired	
Country		Country		SR 7.6 Annual Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
HAINBERG, JOSEPH C/O BON-BONE MEDICAL IMAGING, INC. 1495 FOREST HILL BLVD. #C WEST PALM BEACH FL 33406			Name		
HAINBERG, JOSEPH			Street Address (P.O. Box Number is Not Acceptable)		
C/O BON-BONE MEDICAL IMAGING, INC.			Suite, Apt. #, etc.		
1495 FOREST HILL BLVD. #C			City		
WEST PALM BEACH FL 33406			Zip Code		
WEST PALM BEACH FL 33406			FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	DREIFUSS, TAMAR R	1495 FOREST HILL BLVD., SU		WEST PALM BEACH FL	
MGRM	HAIMBERG, JOSEPH	1495 FOREST HILL BLVD. SUI		WEST PALM BEACH FL	
000002084930--3 -02/12/97--01027--017 *****203.75 *****203.75 					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  TAMI DREIFUSS					
8-7-97 561-9681679					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					