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

APPROVED AND FILED

95 MAR -6 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M25267** **(9)**

1. Corporation Name

NORTH BROWARD MRI CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1625 SE 3RD AVE 400 PO BOX 350248 FORT LAUDERDALE FL 33335-248 US	1625 SE 3RD AVE 400 PO BOX 350248 FORT LAUDERDALE FL 33335-248 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/31/1985**
3a. Date of Last Report: **04/14/1994**

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

4. FEI Number: **59-2658395** ☐ 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

DICKENS, WILLIS N M
1625 SE 3RD AVE 400
PO BOX 350248
FORT LAUDERDALE FL 33335

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: R. G. Schnell — Roger G. Schnell, Secy/ Treas — 3/1/95
(If changing the registered agent, you must sign above) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD DICKENS, WILLIS N. M 1625 SE 3RD AVE 400 - FT. LAUDERDALE FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
VST SCHNELL, ROGER G M 1625 SE 3RD AVE - STE 400 FORT LAUDERDALE FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
D SCHNELL, ROGER (DR) 300 S.E. 17TH ST. FT. LAUDERDALE FL	31 TITLE ☒ Change ☐ Addition 32 NAME 33 STREET ADDRESS 1625 SE 3 Ave #400 34 CITY-ST-ZIP Ft. Lauderdale FL 33316
D SCHNELL, ROGER G 1625 SE 3RD AVE STE 400 - FORT LAUDERDALE FL 48	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I 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)(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.

SIGNATURE: R. G. Schnell — **Roger G. Schnell, Secy/Treas** — **3/1/95** — **(305)4910751**
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR — Date — Daytime Phone

0241300 CP