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

Jun 05 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M25267 (9) NORTH BROWARD MRI CONSULTANTS. INC. Principal Place of Business Mailing Address 1951 N.E. 47 ST. 1951 N.F. 47 ST FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/31/1985 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-2658395 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. Yes 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DICKENS, WILLIS N M 1625 SE 3RD AVE 400 82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 350248 83 FORT LAUDERDALE FL 33335 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 Suich change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOT). Registered Agent signature required when reinstating) Signature, type dior printed name of registered agent and tale if applicable (10/9/ 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE DICKENS, WILLIS N. M. NAME 1.2 NAME 2E034 1625 SE 3RD AVE 400 -13 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 THILE TITLE SCHNELL, ROGER G M NAME 2.2 NAME 1625 SE 3RD AVE - STE 400 STREET ADDRESS 23 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TATLE 3.1 THILE SCHNELL, ROGER (DR) 3.2 NAME NAME 1625 SE 3RD AVE #400 STREET ADORESS 3.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE SCHNELL, ROGER G 4 2 NAME NAME 1625 SE 3RD AVE STE 400 -STREET ADDRESS 4.3 STREET ADDRESS FORT LAUDERDALE FL 48 CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition 5.1 HTLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 000002551280 NAME 6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST- 7IP

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

lenses

STREET ADDRESS

CITY-ST-ZIP

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