

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11706 (1)**  
 1. Corporation Name  
**B.R.C.H. IMAGING, INC.**



Principal Place of Business		Mailing Address	
% BOCA RATON COMMUNITY HOSPITAL, INC. 800 MEADOWS RD BOCA RATON FL 33486		% BOCA RATON COMMUNITY HOSPITAL, INC. 800 MEADOWS RD BOCA RATON FL 33486	
21	2a	22	2b
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
23	24	25	26
Zip	Country	Zip	Country

3. Date Incorporated or Qualified  
**10/23/1985**

4. FEI Number  
**59-2665563**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MCGIBANY, SUSIE**  
**% BOCA RATON COMMUNITY HOSPITAL, INC.**  
**800 MEADOWS RD**  
**BOCA RATON FL 33486**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	OSBORNE, RAY C	
STREET ADDRESS	P.O. DRAWER 40 N/A	
CITY-ST-ZIP	BOCA RATON FL 33429	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	OSBORNE, A.E.	
STREET ADDRESS	3083 NW 30 WAY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	PIERCE, RANDY	
STREET ADDRESS	745 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Osborne, A.E.
2.3 STREET ADDRESS	3083 NW 30th Way
2.4 CITY-ST-ZIP	Boca Raton, FL 33431
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pierce, Randolph
3.3 STREET ADDRESS	745 Meadows Road
3.4 CITY-ST-ZIP	Boca Raton, FL 33486
4.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McGibany, Susie
4.3 STREET ADDRESS	745 Meadows Road
4.4 CITY-ST-ZIP	Boca Raton, FL 33486
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susie McGibany* **Susie McGibany 4-11-98 561-393-4030**

CR2E037 (10/97)