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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000819 (3)

1. Corporation Name

THE FLORIDA SOCIETY OF MAGNETIC RESONANCE TECHNOLOGISTS, INC.



Principal Place of Business

Mailing Address

3500 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

PO BOX 6095  
HOLLYWOOD FL 33061  
US

3. Date Incorporated or Qualified  
03/10/1993

3a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETITBON, CAROL  
3500 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME LOBO, DAN  
STREET ADDRESS 3500 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME PETITBON, CAROL  
STREET ADDRESS 3500 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME FERRY, CAROLE  
STREET ADDRESS 3500 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-97

(954)

Date Daytime Phone # 0078259

CR2E037 (9/96)