FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SIGNATURE:

N93000000819 (3)

THE FLORIDA SOCIETY OF MAGNETIC RESONANCE TECHNO LOGISTS, INC.

LOGISTS, INC.									
Principal Place	a of Business	Mailing Address	Mailing Address			-	/BILL BOFFE DOLLS WOLDE SELDE S	1010 1014 1001	
3500 HOLLYWOOD BLVD HOLLYWOOD FL 33021		PO BOX 6095 HOLLYWOOD FL 33081 US							
						3. Date Incorporated or Qualified 03/10/1993	3a. Date of Last Re 02/09/19	96	
2. Principal Pla	lace of Business	2a. Mailing Address	<u></u>			4. FEI Number Applied For Applied For Not Applicable			
1		26 Suite Ast # etc				01100100	¢0.75 .	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Securificate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23	1.	28				Trust Fund Contribution	Added to		
Zip	Country	Ζιρ	· · · · · · · · · · · · · · · · · · ·			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	25 9. Name and Address of Curren	29 Agent	30 sent			10, Name and Address of New Registered Agent			
	5, Italiio dilo Audiose di Carre	in Hogistorea region.		81	Name				
PETITBO	ON, CAROL			82	Street Addr	ess (P.O. Box Number is Not Acceptab	la\		
3500 HO	OLLYWOOD BLVD				SHOOL AGGIN	505 (F.O. DON HOHIDOLIG HOLDENS			
HOLLYW	VOOD FL 33021		83						
				84	City		FL 85 Zip C	>ode	
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Stat	utes, the £	above	-named corp	oration submits this statement for the p	urpose of changing its	s registered	
nffice or re	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	s authorize	ed by	the corporation	ion's board of directors. I hereby accep	it the appointment as i	registered	
SIGNATURE									
	Signature, typied or printed name of registered ag				nt signature require	ed when reinstating)	DATE	O IN 40	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	Change	Addition	
TITLE				1.1 TITLE 1.2 NAME			L., Onungo	L Nousion	
NAME CIDITA ADODESS	LOBO, DAN 3500 HOLLYWOOD BLVD		I		ADDRESS				
STREET ADDRESS CITY+ST-ZIP	HOLLYWOOD FL 33021			1.3 STREET ADORESS 1.4 CITY - ST - ZIP					
TITLE	0	DELETE		2.1 TITLE			☐ Change	Addition	
NAME	PETITBON, CAROL			NAME					
STREET ADDRESS	3500 HOLLYWOOD BLVD		2.3 5	STREET.	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4	2. 4 CITY - ST - ZIP					
TITLE	D	DELETE	3.1 7	TITLE		☐ Change ☐		Addition	
NAME	FERRY, CAROLE		3.2)	NAME		:	. *		
STREET ADDRESS	3500 HOLLYWOOD BLVD		3.3 \$	STREET /	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021	D pri ste		CITY-S	JT - ZIP		Change	T 4dditon	
TITLE		☐ DELETE		TITLE			☐ Change	Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		CITY-ST TITLE	1-ZIP	/ /	Change	Addition	
TITLE NAME		Land Marker -		NAME	1		-		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-SY					
TITLE		☐ DELETE		TITLE			Change	Addition	
NAME			6.21	NAME					
STREET ADDRESS			6.3 f	STREET	ADORESS		•		
017 07 70			6.4 (CITY-ST	,T - ZIP				
14. I do heret information I am an of appears in	by certify that the information supplied in indicated on this annual report or ifficer or director of the corporation of in Block 12 or Block 13 if changed,	ad with this filing does not que supplemental armual report is or the receiver of trustee emp- or on an attackment with an a	alify for the s true and owered to address.	accu accu exec	mption stated trate and that tute this repor	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 617, Pforida S	s. I further certify that if effect as if made und statutes; and that my n	the der oath; that name	