

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 030 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000003944

Corporation Name
EXPERT RADIOLOGY RESEARCH AND EDUCATIONAL FOUNDATION, INC.

Principal Place of Business
 2581 NORTHWEST 59TH STREET
 BOCA RATON FL 33496

Mailing Address
 14011 VENTURA BLVD.
 STE. 502
 SHERMAN OAKS CA 91423



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26 2581 NW 59th St		08/16/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0603973	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		Boca Raton FL			
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 33496 USA		29 33496 30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEINBERG, FRED L. M.D. 2581 NORTHWEST 59TH STREET BOCA RATON FL 33496				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

I, 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.

GNATURE: *[Signature]* President 7/1/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD STEINBERG, FRED 2581 NORTHWEST 59TH STREET BOCA RATON FL 33496 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		1.2 NAME	
REET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	DV STEINBERG, CONSTANCE 2581 NORTHWEST 59TH STREET BOCA RATON FL 33496 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	DV STEINBERG, MARVIN 2581 NORTHWEST 59TH STREET BOCA RATON FL 33496 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

GNATURE: *[Signature]* 7/1/99 561-998 0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)