FILE NOW: FILING FEE IS $61.25

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<tr><td>
NONPROFIT
CORPORATION
ANNUAL REPORT
1997
</td><td>
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS
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FILED
Jan 24 1997 8:00am
Secretary of State

DOCUMENT # N96000001780 (3)
1. Corporation Name

MAGNETIC IMAGING RESEARCH & EDUCATION FOUNDATION , INC.

Principal Place of Business	Mailing Address
5116 SW 57 AVE MIAMI FL 33155	5116 SW 57 AVE MIAMI FL 33155-6348

3. Date Incorporated or Qualified	3a. Date of Last Report
03/25/1996	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0670559	Not Applicable
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURPHY, THOMAS S 2716 OAKBROOK MANOR FT LAUDERDALE FL 33332	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 _~Thomas S. Murphy~_ __ DATE 1/7/97
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME MURPHY, BRIAN J		1.2 NAME	
STREET ADDRESS 5116 SW 57 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33155		1.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME MURPHY, THOMAS S		2.2 NAME	
STREET ADDRESS 2716 OAKBROOK MANOR		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33332		2.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME HOFFMAN, CARY		3.2 NAME	
STREET ADDRESS 9290 SW 72 ST		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33173		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: _~Thomas S. Murphy~_ THOMAS S. MURPHY   1/7/97   (954)389-2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
0031046