FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P02569

1. Corporation Name DIAGNOSTIC IMAGING Resources, INC

Principal Place of Business	Mailing Address
2701 N. Rocky Point Dr Suite 650 TAMPA, Florida 33607	2701 N Rocky Point Dr. Suite 650 TAMPA, Florida 33607

3. Date Incorporated or Qualified: 12/19/95
3a. Date of Last Report: N/A

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: ☒ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT - Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324

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 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE: (Signature typed or printed of New Registered Agent) (New Registered Agent signature required when adding) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	GARY N. SIGLER		1.2 NAME	GARY L. FUHRMAN	
STREET ADDRESS	712 FIFTH AVE, 19TH Floor		1.3 STREET ADDRESS	45 Broadway	
CITY-ST-ZIP	NEW YORK, NEW YORK 10019		1.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10006	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	NEIL H. KOFFLER		2.2 NAME	JOHN JOSEPHSON	
STREET ADDRESS	712 FIFTH AVENUE, 19TH Floor		2.3 STREET ADDRESS	45 Broadway	
CITY-ST-ZIP	NEW YORK, NEW YORK 10019		2.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10006	
TITLE	D, Co-President, CFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT J. ADAMSON		3.2 NAME		
STREET ADDRESS	2701 N. Rocky Point Dr. #650		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, Florida 33607		3.4 CITY-ST-ZIP		
TITLE	D, Co-President	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM D. FARRELL		4.2 NAME		
STREET ADDRESS	155 STATE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	HACKENSACK, NJ.		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PETER COLLERY		5.2 NAME	800001890588 -07/11/96--01016--043 ***200.00	
STREET ADDRESS	712 FIFTH AVENUE, 19TH Floor		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NEW YORK 10019		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STEPHEN M. DAVIS		6.2 NAME		
STREET ADDRESS	711 FIFTH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NEW YORK 10022		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, 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

7/3/96 (813) 281-0202
Date / Daytime Phone #

CR2E034 (12/95)