| COF<br>ANNU  | PROFIT<br>RPORATION<br>UAL REPORT<br>1996    |  | Sandra<br>Secre                                     | ARTMENT OF STATE  a B. Mortham tary of State  F CORPORATIONS  | . )  |  |
|--|--|--|---|---|--|--|
| DOCUI  | MENT #                                       | P93000   | 011133 (4   | <b>!</b> )  |  |  |
| PALM   | ETTO RADIOL                                  | ogical servic                                  | CES, INC.   |   |  |  |
| <b>-</b>   |  |  |   |   |  |  |
| Principal Place of Business Mairing Address 7891 WEST FLAGLER ST. 7891 WEST FLAGLER ST.            |  |  |   | ет  | 0 100011901 0190 01911 00191 00191   |  |
| SUITE 400 SUITE 400 MIAMI FL 33144 MIAMI FL 33144  |  |  | SUITE 400   | 31.   |  |  |
|  |  |  |   |   | 3. Date Incorporated or Qualified 02/12/1993   | 3a. Date of Last Report<br>04/17/1995                      |
| 2. Principal Pl.<br>21 <b>8</b>  | lace of Business                             | aley   | 2a. Mailing Address                                 | DEST FLA  | 4. FEI Number 65-0404645   | Applied For Not Applicable                                 |
| Suite Apt.   | #, etc.                                      |  | Suite Apt. #, etc                                   | ,   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                             |
| City & State   | leso   | PLI  | City & State  | ,   | Election Campaign Financing     Trust Fund Contribution  | 55.00 May Be   |
| 24 33  | 25   | ountry   | Zip   | 30 3 3 144  | This corporation has liability for in Florida Statutes   |  |
|  |  | ddress of Current R                            |   |   | 10. Name and Address of New Ro   |  |
|  | ), PELAYO O                                  |  |   |   | ress (P.O. Box Number is Not Acceptable  | 01   |
| 7815 C   | ORAAL WAY                                    |  |   | 83  | and the contract of the contract   | 01   |
| 1  | FL 33155                                     |  |   | 84 City   |  | 85 Zip Code  |
| 11. Pursuant t   | to the provisions of S                       | Sections 607.0502 an                           | d 607.1508, Florida Statute                         | es, the above-named corpor  | ration submits this statement for the purp   |  |
| familiar wit   | th, and arcent the o                         | bligations (), Section                         | Such hange was authorize 607. 505, Florida statutes | ed by the corporation's boar  | ration submits this statement for the pure<br>rd of directors. Thereby accept the appo   | intment at registered agent. I am                          |
| 12.  | Sign dure, typed or printer                  | ame of registered a jord and<br>OFFICERS AND D |   | TEZ Registered Agent signature required 13.   | ·  | DATE   |
| TITLE  | D  |  | ☐ DEFELE  | 1 1 TITLE   | ADDITIONS/CHANGES TO OFFICE  | CERS AND DIRECTORS IN 12  Change Addition  Change Addition |
| NAME<br>Streft address   | RUBIDO, PEL<br>7815 CORAL                    | AYO O<br>Way, Suite 107                        |   | 1.2 NAME<br>1.3 STREET ADDRESS  |  | 033  |
| CITY-S1-ZIP  | MIAMI FL 331                                 |  |   | 1.4 CiTY - ST - ZiP   |  |  |
| TITLE<br>NAME  |  |  | ☐ DELETE  | 2 1 TITLE<br>2.2 NAME   |  | ☐ Change ☐ Addition ○                                      |
| STREET ADORESS   |  |  |   | 2.3 STREET ADDRESS  |  |  |
| C/TY+ST-Z/P<br>TITLE   |  |  | C DELETE  | 2.4 CITY - ST - ZIP   |  |  |
| NAME   |  |  | ☐ DELETE  | 3. 1 TITLE<br>3.2 NAME  |  | Change Addition  |
| STREET ADDRESS   |  |  |   | 3.3. STREET ADDRESS   |  |  |
| CITY - \$1 - ZIF   |  |  | Duri  | 3.4 CHTY - ST - ZIP   |  |  |
| NAME   |  |  | ☐ DELETE  | 4. 1 TITLE<br>4.2 NAME  | 10000470   | Change Addition  |
| STREET ADDRESS   |  |  |   | 4.3 STREET ADDRESS  | 10000179<br>-04/24/960109<br>***200.00   | にと1<br>30024   |
| CITY-ST-ZIP<br>TITLE   |  |  | FIDURE  | 4.4 CITY - ST - ZIP   | ***200.00  | .5 027   |
|  |  |  | ☐ DELETE  | 5. 1 TITLE<br>5.2 NAME  |  | ☐ Change ☐ Addition  |
| NAME   |  |  |   | 5 3 STREET ADDRESS  |  |  |
|  |  |  |   |   |  | ı  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | F1 00 575   | 5 4 CITY-ST-2IP   |  |  |
| NAME<br>STREET ADDRESS   |  |  | ☐ DELETE  | 6. 1 TITLE  |  | ☐ Cnange ☐ Addition  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE   |  |  | DELETE  | ·   |  | □ Change □ Addition  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                              | codif. that I                                |  |   | 6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP  |  | > <sup>1</sup> / <sub>4</sub> .24                          |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that | THE INDITIONATION HIS                        | ateu on this attriuar re                       | this filing is voluntarily furni                    | 6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP shed and does not qualify for  | or the exemption stated in Section 119.0<br>te and that my signature shall have the s<br>s report as required by Chapter 607, Fior | 7(3)(k). Florida Statutes. I further                       |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that | I am an officer or di<br>Block 12 or Block 1 | ateu on this attriuar re                       | this filing is voluntarily furni                    | 6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP shed and does not qualify for all report is true and accurat a empowered to execute this ass | or the exemption stated in Section 119.0 te and that my signature shall have the sereport as required by Chapter 607, Flor         | 7(3)(k). Florida Statutes. I further                       |