


FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90075 049 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000032893

1. Corporation Name
CRYSTAL RIVER MRI, INC.

Principal Place of Business

922 N. CITRUS AVE
 CRYSTAL RIVER FL 34428

Mailing Address

3122 E. COMMERCIAL BLVD
 FT. LAUDERDALE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1993

4. FEI Number

65-0411239

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3100 N. OCEAN BLVD

Suite, Apt. #, etc.

22 804

City & State

23 FT. LAUDERDALE FL

Zip

24 33308

Country

25 US

2a. Mailing Address

26 3100 N. OCEAN BLVD

Suite, Apt. #, etc.

27 804

City & State

28 FT. LAUDERDALE FL

Zip

29 33308

Country

30 US

9. Name and Address of Current Registered Agent

KAGAN, EDWIN B
 2709 ROCKY POINT DR
 SUITE 102
 TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

ROMAN FISHER

82 Street Address (P.O. Box Number is Not Acceptable)

3100 N. OCEAN BLVD #804

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
 KAGAN, ROBERT L
 STREET ADDRESS 3122 E COMMERCIAL BLVD
 CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME DVST
 FISHER, ROMAN G
 STREET ADDRESS 3122 E COMMERCIAL BLVD
 CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME AMIN, KAMALESH
 STREET ADDRESS 922 N CITRUS AVE
 CITY-ST-ZIP CRYSTAL RIVER FL 32629

TITLE ☐ DELETE

NAME D
 BEKHOR, DAVID
 STREET ADDRESS 14390 CARLSON CIR
 CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 607, 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.

SIGNATURE ROMAN FISHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

(954) 375-7575

CR2E034 (11/98)