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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036692

FILED
Sep 24 1997 8:00am
Secretary of State

City & State 28 City & State 28 Country Country Country Country Country Country 29 Country 29 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Florida Statutes Per No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Leslie Waller 1521 Chardon Street Jensen Beach, FL 34957 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or period many of registered agent and site if soulicative (NOTI. Registered Agent signature required when rensistang) DATE	MOBI	LE RESONANCE IMÁC	GING, INC.				
Port St. Lucie, FL 34952 2. Principal Place of Business 21	Principal Plac	e of Business	Mailing Address				
3. Date Incorporated of Custified Sat. Detroit Lists Report 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated of Custified Sat. Detroit Sat. Detroit Suite April 4, etc. 2. Suite, April 4, etc. 2. City & State 2. Determine Company Financing Trust Fund Control Union Added to Fees Required Fee Required Fees							·
Principal Place of Business 2a. Making Address 2a. Making Address 65-0.398.96 Acquired For Just Applicable 3a. Sulfs, April #. etc. Sulfs, April #.	Port	St. Lucie, FL 34	1952				
25 Suite, Apt #. etc. 27 Suite, Apt #. etc. 28 Suite, Apt #. etc. 29 Suite, Apt]						3. Date Incorporated or Qualified 3a. Date of Last Report
Supple, April #, 80c 22 Supple Suppl	2. Principal P	lace of Business	2a. Mailing Address				
City & Sime 2		D			_		Not Applicable
28	22		27				
20		ê .	 ,	•			
25 26 26 26 26 26 26 26		Country		Coun	itrv		
10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 1521 Chardon Street 1521 Chardon S		 		h	,		
Leslie Waller 1521 Chardon Street Jensen Beach, FL 34957 66 Chy FL Bs Zip Code 17. Pursuant to the provisions of Socions 607 0502 and 607 1508. Fiorida Stabulos. The above named corporation submits this statement for the purpose of changing its registered agent in familiar with, and eccept the obligations of, Section 607 0505, Enricha Stabulos. The above named corporation's board of directors. Thereby accept the appointment as registered agent in familiar with, and eccept the obligations of, Section 607 0505, Enricha Stabulos. SIGNATURE ADDITIONSCHANGES TO OFF CERS AND DIRECTORS IN 12 DIrector Change Maddition SIGNATURE SIGN							
1521 Chardon Street Jensen Beach, FL 34957 64 City FL 85 Zip Code					31	Name	
Second S				Į	32	Street A	Address (P.O. Box Number is Not Acceptable)
SIGNATURE Sequence of control of the provisions of Sactions 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florids Statutes agent 1 and mainlier with, and accept the obligations of, Section 607 0505, Florida Statutes agent 1 and mainlier with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE Sequence for door profess and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE OFFICERS AND DIRECTORS 13.	1 -	-		h	23		
11. Pursuant to the provisions of Sections 607 DEXD and 607 1508 Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or both; in the State of Florida Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent agent and accept the obligations of Sicrida Statutes. SIGNATURE Signature, byte to provid name of registerical particular agent and the purpose of changing its registered dependence of the provision's board of directors. I nereby accept the appointment as registered agent a	Jense	en Beach, FL 3495	57	Ľ			
agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE Signature, typed or period have of incidence and many and his free detailed. DRIEF 12. OFFICERS AND DIRECTORS DRIEFE 15.21 Chardon Street 15					34	City	85 Zip Code
agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE Signature, typed or period have of incidence and many and his free detailed. DRIEF 12. OFFICERS AND DIRECTORS DRIEFE 15.21 Chardon Street 15	11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Stalu	tes, the abo	ove	-named	corporation submits this statement for the purpose of changing its registered
Signature, types to protect music of impostance and performance and pe	office or r agent. I a	ogistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	authorized Iorida Statu	by: tes.	the corp	oration's board of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10 10 10 10 10 10 10	SIGNATURE						
NAME 1521 Chardon Street 12 NAME 13 STREET ADDRESS 14 CHY-SI-ZIP 2555 PGA Blvd., Lot 426 2555 PGA Blvd., Lot	<u> </u>				Agen	n signalure	
NAME 1521 Chardon Street 12 NAME 13 STREET ADDRESS 14 CHY-SI-ZIP 2555 PGA Blvd., Lot 426 2555 PGA Blvd., Lot					ŧ		Director Change Addition
STREET ADDRESS Jensen Beach			4	1.2 NAM	łΕ		Eleanor Pitcher
	STREET ADDRESS			1.3 STR	ÉET A	ADDRESS	2555 PGA Blvd., Lot 426
MAME	CITY-ST-ZIP	Jensen Beach, Fi	7 24221	1.4 CPT	/- \$T	- ZIP	Palm Bch. Gdns., FL 33410
STREET ADDRESS 23 STREET ADDRESS 1406 South 25th Street 24 CITY-SI-ZIP Fort Pierce, FL 34947 Change Addition	TITLE		DELETE	21 TITE	E		Director □ Change X Addition C
City-St-Zip	NAME			22 NAM	ΛE	Ì	Dr. Glenn H. Jones, D.C.
DELETE DELETE 31 TITLE Change Addition	STREET ADDRESS		•	2.3 STR	ÉÉT A	ADDRESS	1406 South 25th Street
NAME			T brutze			T-ZIP	Fort Pierce, FL 34947
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CITY-ST-ZIP						*	
TITLE	1			-			
STREET ADDRESS 43 STREET ADDRESS 44 City-St-Zip 4			DELETE			- 211	Change Addition
CITY-ST-ZIP	į į			4 2 NA	ME	1	
TITLE	STREET ADDRESS			4.3 STR	EET A	ADDRESS	
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	I .					· 1	11/1/1/3
information information supplied with this introduces not quality or interesting to a state of a section 19.0434/1/, Frontiae State of a supplied applied appl		by certify that the information supplied	with this filing does not qual	ify for the e	xen	notion st	

In ordered yearing that the information supplied with this little gest for quality for the exemption stated in section 179.07,977, include Statutes. Further determine information indicated on this annual report or suppliemental 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 of 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 changes for on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 9, 1997