

FILE NOW: FILING FEE AFTER MAY, 1ST IS \$550.00 AMENDED

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SECRETARY OF STATE
DIVISION OF CORPORATION
99 AUG 27 PM 3:23

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 993000036692

1. Corporation Name
MOBILE RESONANCE IMAGING, INC.

Principal Place of Business Mailing Address
6640 South US Hwy. #1
Pt. St. Lucie, FL 34952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

4. FEI Number 65-0398196 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

9. Name and Address of Current Registered Agent

Leslie Waller
1521 S. E. Chardon Street
Jensen Beach, FL 34957

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME Leslie Waller

STREET ADDRESS 1521 S. E. Chardon Drive

CITY-ST-ZIP Jensen Beach, FL 34957

TITLE D DELETE

NAME Eleanor Pitcher

STREET ADDRESS 2555 PGA Blvd., Lot 426

CITY-ST-ZIP Palm Bch. Gdns., FL 33410

TITLE D DELETE

NAME Glenn Jones

STREET ADDRESS 1406 S. 25th Street

CITY-ST-ZIP Fort Pierce, FL 34947

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 Leslie Waller

1.3 STREET ADDRESS 2291 Sweetwater Drive

1.4 CITY-ST-ZIP Fort Pierce, FL 34981

2.1 TITLE Change Addition

2.2 NAME 400002974974--0

2.3 STREET ADDRESS -08/31/99--01057--010

2.4 CITY-ST-ZIP *****61.25 *****61.25

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 Eleanor Bratus

4.3 STREET ADDRESS 1383 Ibis Drive

4.4 CITY-ST-ZIP Englewood, FL 34224

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: Les Waller Les Waller 7-19-99 (561)466-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)