

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 27 PM 3:23

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

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	Leslie Waller	
STREET ADDRESS	1521 S. E. Chardon Drive	
CITY-ST-ZIP	Jensen Beach, FL 34957	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Eleanor Pitcher	
STREET ADDRESS	2555 PGA Blvd., Lot 426	
CITY-ST-ZIP	Palm Bch. Gdns., FL 33410	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Glenn Jones	
STREET ADDRESS	1406 S. 25th Street	
CITY-ST-ZIP	Fort Pierce, FL 34947	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Eleanor Bratus	
4.3 STREET ADDRESS	1383 Ibis Drive	
4.4 CITY-ST-ZIP	Englewood, FL 34224	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

7-19-99

(561)466-5050

Date

Daytime Phone #

CR2E034 (1/98)