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

Mailing Address

5775 WAYZATA BLVD

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1285 ORANGE AVE.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Morthamf

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079359 (4)

CENTRAL FLORIDA CENTER FOR DIAGNOSTIC IMAGING, I NC.

WINTER PARK FL 32789		190 St Louis Park Mn 55416 Us	-1236	3. Date Incorporated or Qualified 11/17/1993	3a. Date of Last Report 06/26/1996
2. Principal P	lace of Business	2a. Mailing Address	****	4. FEI Number	Applied For
21		26		59-3215622	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	:	5. Certificate of Status Desired	SB.75 Additional Fee Required
City & Stati	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	njangible tax under s. 199.032,
24	25		30	Florida Statutes	Yes No
•	9. Name and Address of Curren		81 Name C.	10. Name and Address of New Re	gistered Agent
120	RPORATION INFORMATION SERVING HAYS ST. LAHASSEE FL 32301	t- no change in agen	82 Street Add	dress (P.O. Box Number is Not Acceptab	
	Cilliana mileo	e no transporte agent	84 City	Hahasser	FL 85 Zip Code
office or r	to the provisions of Sections 607 050 registered agent, or both, in the State on familiar with, and accept the obligi	of Florida. Such change was a	authorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	, ,				
	Styllaton, Typastion printed ran e of togestered age		Registered Agent signature requ		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
TOLE	CEO	DELETE	1.1 TITLE		L Crange Auguston
NAME	HEITHOFF, KENNETH B. 5775 WAYZATA BLVD		1.2 NAME		
STREET ADORESS			1.3 STREET ADDRESS		
City St. 7-P	ST. LOUIS PARK MN	DELETE	1.4 CITY - ST-ZIP		D Obonos D Addition
DALE	DENN JOHN C	□ OFFEIE	2.1 TITLE		☐ Change ☐ Addition
MAME	PENN, JOHN C		2.2 NAME		
STEFF LADORESS	5775 WAYZATA BLVD ST LOUIS PARK MN		2 3 STREET ADDRESS		
CHY-ST ZIP	VIS	DELETE	2.4 CITY+ST-ZIP		Change Addition
7011	l .	□ nerese	3.1 TITLE		Change D Vontion
NAMF	JACOBSEN, DON		3.2 NAME		
STREET ADDRESS.	5775 WAYZATA BLVD, #190		3.3 STREET ADDRESS		
CITY-ST ZIP	ST. LOUIS PARK MN	Price	3.4 CITY-ST-ZIP		Liberge Addition
THE		☐ DELETE	4.1 TITLE		(hange Addition
NAM-			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City St 20		DELETE	4.4 CITY-ST-ZIP		Change Addition
HILE		L DELETE	5.1 TITLE		L_1 change L_1 Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHY St 76		T colete	54 City - ST - ZIP		The same of the sa
TOTE		☐ DELETE	61 TITLE		Change Modition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
COLY - ST - 20:			6.4 CITY - ST - ZIP		

14. I do 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 of inged, or on an attachment with an address.