

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90049 021 \*\*\*150.00

DOCUMENT # P93000086279

1. Corporation Name

NEW ENGLAND MRI, INC.

Principal Place of Business

400 8TH STREET NORTH  
NAPLES FL 33908

Mailing Address

400 8TH STREET NORTH  
P O BOX 1622 NAPLES FL 34102  
NAPLES FL 33908  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1993

4. FEI Number

65-0568144

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

VEGA, JOHN G  
2660 AIRPORT ROAD, S  
NAPLES FL 33962

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

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 PTD  
NAME SWANSON, ROBERT  
STREET ADDRESS 400 8TH STREET NORTH  
CITY-ST-ZIP NAPLES FL 33940

☐ DELETE

TITLE VTD  
NAME HUSSEY, FRANCIS D JR  
STREET ADDRESS 400 EIGHTH STREET NORTH  
CITY-ST-ZIP NAPLES FL 33940

☐ DELETE

TITLE VPD  
NAME VEGA, JOHN G  
STREET ADDRESS 2660 AIRPORT ROAD, S  
CITY-ST-ZIP NAPLES FL 34112

☐ DELETE

TITLE SD  
NAME VEGA, YADIRA P  
STREET ADDRESS 2660 AIRPORT ROAD, S  
CITY-ST-ZIP NAPLES FL 34112

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS P.O. Box 1622  
1.4 CITY-ST-ZIP Naples, FL 34106

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS P.O. Box 1622  
2.4 CITY-ST-ZIP Naples, FL 34106

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)