Amended: $61.25

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 JUN 11 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001747

1. Corporation Name

AMBULATORY SCANNING SERVICES, INC.

Principal Place of Business	Mailing Address
8500 SW 8 STREET SUITE 242 MIAMI, FL 33144 US	14170 SW 84 STREET #F-408 MIAMI, FL 33183 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994

4. FEI Number: 65-0461306 [ ] 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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 1085 WESTWARD DRIVE	26 1085 WESTWARD DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI SPRINGS, FL	City & State 28 MIAMI SPRINGS, FL
Zip 24 33166 Country 25 DADE	Zip 29 33166 Country 30 DADE

9. Name and Address of Current Registered Agent

ROSIE L. BENGOCHEA
14170 SW 84 STREET, # F-408
MIAMI, FL 33183

10. Name and Address of New Registered Agent

81 Name: ALINA R. MORALES
82 Street Address (P.O. Box Number is Not Acceptable): 1085 WESTWARD DRIVE
83
84 City: MIAMI SPRINGS FL 85 Zip Code: 33166

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: ALINA R. MORALES, PRESIDENT — 06/04/1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must sign for new registered agent) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	PSD
NAME	MORALES, ALINA R.	12 NAME	MORALES, ALINA R.
STREET ADDRESS	1085 WESTWARD DRIVE	13 STREET ADDRESS	11308 SW 92 STREET
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	14 CITY-ST-ZIP	MIAMI, FL 33176
	[ ] DELETE		X Change [ ] Addition
TITLE	VTM	21 TITLE	
NAME	BENGOCHEA, ROSIE L.	22 NAME	
STREET ADDRESS	14170 SW 84 ST., #F-408	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183	24 CITY-ST-ZIP	
	[X] DELETE		[ ] Change [ ] Addition
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
	[ ] DELETE		[ ] Change [ ] Addition
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
	[ ] DELETE		[ ] Change [ ] Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
	[ ] DELETE		[ ] Change [ ] Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

500002901825--1
-06/11/99--01052--014
*****61.25 *****61.25

T. LEWIS JUN 11 1999

CR2E034 (11/98)

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 added on an attachment with an address, with all other like empowered.

SIGNATURE: Alina R. Morales — June 7th, 1999 — (305) 513-7147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Telephone Number)