FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:27

DOCUMENT # P94000018330 (8)

1. Corporation Name
SUPERIOR DIAGNOSTIC IMAGING, INC.

Principal Place of Business	Mailing Address
1313 S.W. FIRST STREET SECOND FLOOR MIAMI FL 33135	1313 S.W. FIRST STREET SECOND FLOOR MIAMI FL 33135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/08/1994
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26: 3191 S.W. 22 ST.
4. FEI Number: 65-0472543 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27: 200
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

City & State 23:
City & State 28: Miami FL
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24: Country 25:
Zip 29: 33145 Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUMENIGO, FRANCISCO
2600 S.W. THIRD AVE.
SUITE 300
MIAMI FL 33129

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	~~GIRALDEZ, ANGEL F~~	1.2 NAME	
STREET ADDRESS	~~1313 S.W. FIRST STREET~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33135~~	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	~~ECHEZARRETA, MAGARITA~~	2.2 NAME	
STREET ADDRESS	~~1313 S.W. FIRST STREET~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33135~~	2.4 CITY-ST-ZIP	
TITLE	TD P S	3.1 TITLE	☐ Change ☐ Addition
NAME	MESA, JULIAN L	3.2 NAME	
STREET ADDRESS	~~1313 S.W. FIRST STREET~~	3.3 STREET ADDRESS	3191 S.W. 22 ST. #200
CITY-ST-ZIP	~~MIAMI FL 33135~~	3.4 CITY-ST-ZIP	MIAMI, FL 33145
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 1/25/95 (305) 448-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JULIAN L. MESA

0149306 CP