

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # P94000041453 (9)

1. Corporation Name

MEDICAL DIAGNOSTIC IMAGING OF AMERICA, INC.



Principal Place of Business

1601 BELVEDERE ROAD
500 EAST
WEST PALM BEACH FL 33406
US

Mailing Address

1601 BELVEDERE ROAD
500 EAST
WEST PALM BEACH FL 33406
US

3. Date Incorporated or Qualified
06/02/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0497626

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERLIHY, GERARD A
1601 BELEVEDERE RD
STE 500 EAST
WEST PALM BEACH FL 33406

B1 Name

Cuden, Craig T.

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST ☒ DELETE

NAME HERLIHY, GERARD A
STREET ADDRESS 1601 BELEVEDERE RD., STE 500 EAST
CITY-ST-ZIP WEST PALM BEACH FL 33406

1.1 TITLE D/S/T ☐ Change ☒ Addition

1.2 NAME Cuden, Craig T.
1.3 STREET ADDRESS 1601 Belvedere Rd., Suite 500 East
1.4 CITY-ST-ZIP West Palm Beach, FL. 33406

TITLE D ☒ DELETE

NAME GOLDSAMT, ROBERT S
STREET ADDRESS 1601 BELEVEDERE RD., STE 500 EAST
CITY-ST-ZIP WEST PALM BEACH FL 33406

2.1 TITLE D/CEO ☐ Change ☒ Addition

2.2 NAME Markson, Lawrence T., DC
2.3 STREET ADDRESS 1601 Belvedere Rd., Suite 500 East
2.4 CITY-ST-ZIP West Palm Beach, FL. 33406

TITLE P ☐ DELETE

NAME KAPLAN, ERIC S. D
STREET ADDRESS 1601 BELEVEDERE RD., STE 500 EAST
CITY-ST-ZIP WEST PALM BEACH FL 33406

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 (407) 684-2225
Date Daytime Phone

CR2E034 (12/95)