
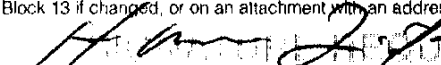


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000041453 (9) 1. Corporation Name MEDICAL DIAGNOSTIC IMAGING OF AMERICA, INC.			
Principal Place of Business 1801 BELVEDERE ROAD, SUITE 500 EAST WEST PALM BEACH FL 33406 US		Mailing Address 1801 BELVEDERE ROAD, SUITE 500 EAST WEST PALM BEACH FL 33406-1541 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/02/1994		3a. Date of Last Report 04/30/1996	
4. FEI Number 65-0497626		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CUDEN, CRAIG T 1801 BELVEDERE RD STE 500 EAST WEST PALM BEACH FL 33406		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.7 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.8 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.9 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.10 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 S/T D/P Zitman, Haim Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition	
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 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-30-97 Daytime Phone # 561-684-2225	

CR2E034 (9/96)