

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

1601 BELVEDERE ROAD, SYUTE 500 EAST
WEST PALM BEACH FL 33406
US

1601 BELVEDERE ROAD, SYUTE 500 EAST
WEST PALM BEACH FL 33406
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1994

4. FEI Number

65-0497626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 350 N.W. 12th Avenue

Suite, Apt. #, etc.

22

City & State

23 Deerfield Beach, Florida

Zip

24 33442

Country

25 U.S.A.

2a. Mailing Address

26 350 N.W. 12th Avenue

Suite, Apt. #, etc.

27

City & State

28 Deerfield Beach, Florida

Zip

29 33442

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CUDEN, CRAIG T
1601 BELVEDERE RD
STE 500 EAST
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name
Roberto L. Palenzuela

82 Street Address (P.O. Box Number is Not Acceptable)
350 N.W. 12th Avenue

83

84 City
Deerfield Beach

FL

85 Zip Code
33442

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

Roberto L. Palenzuela, Esquire 02/05/98

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 ☒ DELETE

NAME
ST CUDEN, CRAIG T
STREET ADDRESS
1601 BELVEDERE ROAD, SYUTE 500 EAST
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE ☒ DELETE

NAME
DP ZITMAN, HAIM
STREET ADDRESS
1601 BELVEDERE ROAD, SYUTE 500 EAST
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME
CEO, President, Treas., Sec., Director
13 STREET ADDRESS
Anthony J. Gigliotti
14 CITY-ST-ZIP
350 N.W. 12th Avenue
Deerfield Beach, Florida 33442

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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.

SIGNATURE

Anthony J. Gigliotti

President

02/09/98

(954)

425-4300

CR2E034 (10/97)