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PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000051367 (8) DOCUMENT #

1. Corporation Name

**FILED** May 01 1996 8:00 am Secretary of State

EAST BROWARD IMAGING, INC.							
Principa Place of Business Mailing Address  3474 N UNIVERSITY DR 3474 N UNIVERSITY DR SUITE 904			r DR	-			
SUITE 804 SUNRISE FL 33351		SUNRISE FL 33351			3. Date Incorporated or Qualified		
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	1211112	Applied For Not Applicable
1		Suite, Apt #. etc.		SR 75 Additional		_1	
Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required		
2		City & State			6. Election Campaign Financing	_ \$5	.00 May Be
City & State		28			Trust Fund Contribution	∐ Ac	ded to Fees
Zip	Country	Zip	Court	try	8. This corporation has liability for a	ntangible tax unde	ers 199.032,
4	25	29	30		Florida Statutes Yes		
	9. Name and Address of Currer	nt Registered Agent		<del></del>	10. Name and Address of New R	egistered Agent	
			į.	81 Name			
BILELLO,	VINCENT		ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
3474 N L	INIVERSITY DR		1				
SUITE 80	<b>14</b>			83			
SUNRISE	FL 33351		Ī	<b>84</b> City		FL 85	Zip Code
					eration submits this statement for the pur and of directors. I hereby accept the app		its registered office
CICALATURÉ							
	Signature, typed or prices have of registered layer OFFICERS AN	ni amatice faquil anti- ND DIRECTORS	(NOTE Bigistered	Agent signature requir	ADDITIONS/CHANGES TO OFF		
12.	OFFICERS AN	nt and title 1 and 1 and NO DIRECTORS DELETE			additions/Changes to off		
+ 5 12.	OFFICERS AND D BILELLO, VINCENT	ND DIRECTORS	13. 1 1 II 1 2 NA	TLE ME	ADDITIONS/CHANGES TO OFF	ICERS AND D'RE	
12.	D BILELLO, VINCENT 3474 N UNIVERSITY DR	ND DIRECTORS	13. 1 1 TV 12 NA 13 SI	TLE ME REET ADDRESS	ADDITIONS/CHANGES TO OFF	ICERS AND D'RE	
12. THLE NAME	D BILELLO, VINCENT 3474 N UNIVERSITY DR SUNRISE FL 33351	ND DIRECTORS	13. 1 1 IV 12 NA 13 SI 14 CI	TLE ME REET ADDRESS TY+ST+Z+P	ADDITIONS/CHANGES TO OFF	ICERS AND D'FIE	nge 🗍 Add tion
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Loo hereby certify that the information supplied with this fling is voluntarily furnished and does not quarity for the exemption stated in Section 119.07(3)(k). Florida Statutes: 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 of 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 obtained with an address.

SIGNATURE:

A Bilello 5-8-96