

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 13 1997 8:00am
Secretary of State

DOCUMENT # P94000055153 (8)

1. Corporation Name

SOUTH FLORIDA IMAGING AND DIAGNOSTICS, INC.

Principal Place of Business

1 E. BROWARD BLVD.
SUITE 1706
FT. LAUDERDALE FL 33301

Mailing Address

1 E. BROWARD BLVD.
SUITE 1706
FT. LAUDERDALE FL 33301-1872

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report
12/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0506793

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

BERGERON, CHARLES
1 E. BROWARD BLVD.
SUITE 1706
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Bergeron, Charles

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

840 NE 20th Avenue

83

84 City

Ft Lauderdale

FL

85 Zip Code

33304

11. Pursuant to the provisions of Sections 607.0522 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 (printed name) of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reappointing)

4-29-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BERGERON, CHARLES
STREET ADDRESS 1 E. BROWARD BLVD., SUITE 1706
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change

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Addition

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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

4-29-97

CR2034 (9/96)