

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000060482 (4)
1. Corporation Name

ASSOCIATES IN DIAGNOSTIC IMAGING, INC.



Principal Place of Business Mailing Address
2700 N. 29TH AVENUE STE. 308 HOLLYWOOD FL 33021
2700 N. 29TH AVENUE STE. 308 HOLLYWOOD FL 33021

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date incorporated or Qualified 08/17/1994 3a. Date of Last Report 08/09/1995
4. FEI Number 65-0521325 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
SINGER, BERNARD A., ESQ.
4700-B SHERIDAN STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE _____
Signature typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13.
TITLE	PD	11 TITLE
NAME	THORNE, BEATRIZ	12 NAME
STREET ADDRESS	2221 N UNIVERISTY DR	13 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL 33024	14 CITY-ST-ZIP
TITLE	VSTD	21 TITLE
NAME	KEENAN, BRUCE	22 NAME
STREET ADDRESS	2221 N UNIVERISTY DR	23 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL 33024	24 CITY-ST-ZIP
TITLE	VPD	31 TITLE
NAME	BAJOS, ORLANDO	32 NAME
STREET ADDRESS	2221 N. UNIVERSITY DRIVE	33 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL 33024	34 CITY-ST-ZIP
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition

18130 NW 16 ST.
PEMBROKE PINES, FL 33029
 Change Addition

9300 RIVER CLUB PARKWAY
DULUTH GA, 30155
 Change Addition

10325 S.W. 89 CT.
MIAMI, FL 33176
 Change Addition

Change Addition

Change Addition

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Keenan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/96
DATE

CR2E034 (3/96)