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Jan 17 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 # P94000075255 (7)

1. Corporation Name:

MERCURY MEDICAL IMAGING, INC.



Principal Place of Business

3741 SUNNY ISLES BLVD.
SUNNY ISLES FL 33180

Mailing Address

3741 SUNNY ISLES BLVD.
SUNNY ISLES FL 33180-4104

3. Date Incorporated or Qualified
10/13/1994

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21 4000 Hollywood Blvd.

22 Suite 411-S

23 Hollywood FL

24 33021

Country

25 Broward

2a. Mailing Address

26 See # 2

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4. FEI Number

65-0525985

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

WOLK, JAMES
3741 SUNNY ISLES BLVD, SUITE 250
SUNNY ISLES FL 33180

see above

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: [Signature] Pres. 1-9-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	WOLK, JAMES	
STREET ADDRESS	3741 SUNNY ISLES BLVD, SUITE #250	
CITY-ST-ZIP	SUNNY ISLES FL	
TITLE	V	DELETE
NAME	PACHTER, LESLIE	
STREET ADDRESS	3741 SUNNY ISLES BLVD, SUITE #250	
CITY-ST-ZIP	SUNNY ISLES 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		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
		4000 Hollywood Blvd. Suite 411-S	Hollywood FL 33021		
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	Change	Addition
		4000 Hollywood Blvd Suite 411-S	Hollywood FL 33021		
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	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 included 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] Pres. 1-9-97

954-894-8686

Date Daytime Phone #

0218490

CR2E034 (9/96)