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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -8 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***3800.00 ****200.00

DOCUMENT # **P94000087276 (9)**

1. Corporation Name
MEDICAL IMAGING EQUIPMENT LEASING, INC.

Principal Place of Business	Mailing Address
825 S. BAYSHORE DRIVE. SUITE 1643 MIAMI FL 33131	825 S. BAYSHORE DRIVE. SUITE 1643 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0539746 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): Suite 1650
Suite, Apt. #, etc. (27): Suite 1650
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Mendelson, Victor H. Esq.
82 Street Address (P.O. Box Number is Not Acceptable): ~~801 So. Bay~~ 3000 Taft Street
83
84 City: Hollywood FL 85 Zip Code: 33021

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: _____ VICTOR H. MENDELSON, ESQ. 3/30/95
(Signature, typed or printed name of registered agent and the date of application) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE: DC	☒ Change ☐ Addition
NAME	MENDELSON, LAURANS	12 NAME	
STREET ADDRESS	825 S. BAYSHORE DRIVE, SUITE 1643	13 STREET ADDRESS: #1650	
CITY ST ZIP	MIAMI FL 33131	14 CITY ST ZIP	
TITLE	D	21 TITLE: DV	☒ Change ☐ Addition
NAME	MENDELSON, ERIC	22 NAME: Victor	
STREET ADDRESS	825 S. BAYSHORE DRIVE, SUITE 1643	23 STREET ADDRESS: #1650	
CITY ST ZIP	MIAMI FL 33131	24 CITY ST ZIP	
TITLE	D	31 TITLE: DP	☒ Change ☐ Addition
NAME	PAUL, JOSEPH A	32 NAME	
STREET ADDRESS	825 S. BAYSHORE DRIVE, SUITE 1643	33 STREET ADDRESS: #1650	
CITY ST ZIP	MIAMI FL 33131	34 CITY ST ZIP	
TITLE	D	41 TITLE: DTV	☒ Change ☐ Addition
NAME	IRWIN, THOMAS S	42 NAME	
STREET ADDRESS	825 S. BAYSHORE DRIVE, SUITE 1643	43 STREET ADDRESS: #1650	
CITY ST ZIP	MIAMI FL 33131	44 CITY ST ZIP	
TITLE		51 TITLE: S	☐ Change ☒ Addition
NAME		52 NAME: Vetter, Judith	
STREET ADDRESS		53 STREET ADDRESS: 825 S. Bayshore Dr. #1650	
CITY ST ZIP		54 CITY ST ZIP: Miami FL 33131	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	RC

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)(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: _____ VICTOR H. MENDELSON 3/30/95 (305) 374-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0120772 CP