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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000087276 (9)**

1. Corporation Name

MEDICAL IMAGING EQUIPMENT LEASING, INC.

Principal Place of Business	Mailing Address
825 S. BAYSHORE DRIVE. SUITE 1650 MIAMI FL 33131	825 S. BAYSHORE DRIVE. SUITE 1650 MIAMI FL 33131

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0539746 ☐ 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

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

9. Name and Address of Current Registered Agent

MENDELSON, VICTOR H. ESQ
3000 TAFT STREET
HOLLYWOOD FL 33131 - Change Zip - 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MENDELSON, LAURANS 825 S. BAYSHORE DRIVE, SUITE 1650 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MENDELSON, ERIC 825 S. BAYSHORE DRIVE, SUITE 1650 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PAUL, JOSEPH A 825 S. BAYSHORE DRIVE, SUITE 1650 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV IRWIN, THOMAS S 825 S. BAYSHORE DRIVE, SUITE 1650 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VETTER, JUDITH 825 S.BAYSHORE DR #1650 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	600001840286 -05/28/96--01022--038 ***4800.00	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D → 3000 Taft Street Hollywood, FL 33021	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	3000 Taft Street Hollywood, FL 33021	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DV VICTOR MENDELSON 825 S. Bayshore Drive Suite 1650 MIAMI, FL 33131	☐ Change ☒ Addition

CR2E034 (12/95)

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 4/26/96 (305)374-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0135506 CP