FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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
825 S. BAYSHORE DRIVE. SUITE 1650
MIAMI FL 33131

Mailing Address
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 (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

0135506 CP