

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 16 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 33131-2820

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 777 S. FLAGLER DR

27 Suite, Apt. #, etc.

28 SUITE 1701E

City & State

29 Zip

Country

30 33401

9. Name and Address of Current Registered Agent

MEDELSON, VICTOR H. ESQ
3000 TAFT STREET
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

05/01/1996

4. FET 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

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company
82 Street Address (P.O. Box Number is Not Accepted)
1201 Hays Street

83

84 City
Tallahassee

FL

85 Zip Code
32301

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

Maureen W. Cullen

Maureen W. Cullen

June 13, 1997

Signature of current registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DC
MEDELSON, LAURANS
825 S. BAYSHORE DRIVE, SUITE 1650
MIAMI FL 33131

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MEDELSON, ERIC
3000 TAFT STREET
HOLLYWOOD FL 33021

☒ 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
3000 TAFT STREET
HOLLYWOOD FL 33021

☒ 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
DV
MEDELSON, VICTOR
825 S. BAYSHORE DRIVE, SUITE 1650
MIAMI FL 33131

☒ 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
C
300002215933-6
-06/18/97--01074--006
****165.00 ****165.00

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
P
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
VP/MS/CFO
SHAW, PAUL ANDREW
777 S. FLAGLER DRIVE
W. PALM BCH, FL 33401
☐ 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
☐ 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)(g) 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

Maureen W. Cullen

CR2E034 (9/96)