

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P94000087276 (9)**

1. Corporation Name

MEDICAL IMAGING EQUIPMENT LEASING, INC. #118

Principal Place of Business

**825 S. BAYSHORE DRIVE, SUITE 1850
MIAMI FL 33131**

Mailing Address

**777 S. FLAGLER DRIVE
SUITE 1201E
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **250 S. AUSTRALIAN AVE**

26 **250 S. AUSTRALIAN AVE**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **9TH FLOOR**

27 **9TH FLOOR**

City & State

City & State

23 **WEST PALM BEACH, FL**

28 **WEST PALM BEACH, FL**

Zip

Zip

24 **33401**

29 **33401**

Country

Country

25

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 **C** ☒ DELETE

NAME **MEDELSON, LAURANS**
STREET ADDRESS **825 S. BAYSHORE DRIVE, SUITE 1850**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P** ☐ DELETE

NAME **PAUL, JOSEPH A**
STREET ADDRESS **825 S. BAYSHORE DRIVE, SUITE 1850**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VPAS** ☒ DELETE

NAME **SHAW, PAUL ANDREW**
STREET ADDRESS **777 S. FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **CFO** ☒ DELETE

NAME **SHAW, PAUL ANDREW**
STREET ADDRESS **777 S. FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

1.1 TITLE **CO-CHAIR/DIRECTOR** ☐ Change ☒ Addition

1.2 NAME **LE RICHY**
1.3 STREET ADDRESS **250 S. AUSTRALIAN AVE, 9TH FLOOR**
1.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

2.1 TITLE **PRES/CEO** ☒ Change ☐ Addition

2.2 NAME **JOSEPH A. PAUL**
2.3 STREET ADDRESS **250 S. AUSTRALIAN AVE, 9TH FLOOR**
2.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

3.1 TITLE **CO-CHAIR/DIRECTOR** ☐ Change ☒ Addition

3.2 NAME **KETH HARTLEY**
3.3 STREET ADDRESS **250 S. AUSTRALIAN AVE, 9TH FLOOR**
3.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **VPRES/CFO** ☐ Change ☒ Addition

5.2 NAME **WAYNE MOOR**
5.3 STREET ADDRESS **250 S. AUSTRALIAN AVE, 9TH FLOOR**
5.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

6.1 TITLE **SEC** ☐ Change ☒ Addition

6.2 NAME **FRANCIS J. HARKINS JR.**
6.3 STREET ADDRESS **250 S. AUSTRALIAN AVE, 9TH FLOOR**
6.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

14. I 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE MOOR

4/10/98

561-832-1766

CR2E034 (10/97)