

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 PM 12:44

DOCUMENT # P94000090074 (3)

1. Corporation Name

FLORIDA MRI SERVICES, INC.

Principal Place of Business

201 W. MAIN STREET
LOUISVILLE KY 40202

Mailing Address

201 W. MAIN STREET
LOUISVILLE KY 40202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/13/1994

3a. Date of Last Report

2. Principal Place of Business

21 ONE PARK PLAZA

2a. Mailing Address

26 PO BOX 570

4. FEI Number

61-1273585

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 ATTN: TAX DEPT.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 NASHVILLE TN

City & State

28 NASHVILLE TN

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

Zip Country

24 37203 25

Zip Country

29 37202 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRAUN, STEPHEN T
STREET ADDRESS	201 W. MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	D
NAME	COLBY, DAVID C
STREET ADDRESS	201 W. MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	D
NAME	SCHWEINHART, RICHARD A
STREET ADDRESS	201 W. MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D SUP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	ONE PARK PLAZA	
14 CITY - ST - ZIP	NASHVILLE TN 37203	
21 TITLE	D SUP T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	ONE PARK PLAZA	
24 CITY - ST - ZIP	NASHVILLE TN 37203	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	ONE PARK PLAZA	
34 CITY - ST - ZIP	NASHVILLE TN 37203	
41 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DANIEL J. MOEN	
43 STREET ADDRESS	ONE PARK PLAZA	
44 CITY - ST - ZIP	NASHVILLE TN 37203	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 110.07(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 of this report on an attachment with an address.

SIGNATURE: *Stephen T. Braun*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 30 1995

615-320-2151