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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P94000090074 (3)**
 1. Corporation Name
FLORIDA MRI SERVICES, INC.



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**

Mailing Address: **PO BOX 570 ATTN: TAX DEPT NASHVILLE TN 37202-0570 US**

3. Date Incorporated or Qualified: **12/13/1994**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **61-1273585**

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 Country

24. 25. 26. 27. 28. 29. 30.

2a. Mailing Address: **PO Box 750**

2b. Suite, Apt. #, etc.

2c. City & State: **Nashville TN**

2d. Zip Country: **37202 USA**

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM
 1201 HAYS ST.
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **DVSS** DELETE
 NAME: **BRAUN, STEPHEN T**
 STREET ADDRESS: **ONE PARK PLAZA**
 CITY-ST-ZIP: **NASHVILLE TN**

TITLE: **DVST** DELETE
 NAME: ~~**GOLBY, DAVID C**~~
 STREET ADDRESS: **ONE PARK PLAZA**
 CITY-ST-ZIP: **NASHVILLE TN**

TITLE: **D** DELETE
 NAME: ~~**SCHWEINHART, RICHARD A**~~
 STREET ADDRESS: **ONE PARK PLAZA**
 CITY-ST-ZIP: **NASHVILLE TN**

TITLE: **P** DELETE
 NAME: **MOEN, DANIEL T**
 STREET ADDRESS: **7975 NW 154TH ST. #400A**
 CITY-ST-ZIP: **MIAMI LAKES FL 33016**

TITLE: **V** DELETE
 NAME: **JOHNSON, MILTON**
 STREET ADDRESS: **ONE PARK PLAZA**
 CITY-ST-ZIP: **NASHVILLE TN 37203**

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME: **Donahay, Kenneth**
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME: **ETON, Rosalynn**
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME: **Frank II, John M.**
 6.3 STREET ADDRESS: **One Park Plaza**
 6.4 CITY-ST-ZIP: **Nashville TN 37203**

14. I do 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: _____ DATE: **4/20/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)