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Apr 29 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 # P94000090074 (3)
 1. Corporation Name
FLORIDA MRI SERVICES, INC.



Principal Place of Business: **ONE PARK PLAZA NASHVILLE TN 37203 US**
 Mailing Address: **P O BOX 750 NASHVILLE TN 37202 US**

DO NOT WRITE IN THIS SPACE

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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2	
TITLE	DVSS BRAUN, STEPHEN T ONE PARK PLAZA NASHVILLE TN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE AS 1.2 NAME Blackwood, Dora A. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	DSVAT DONAHEY, KENNETH ONE PARK PLAZA NASHVILLE TN	<input type="checkbox"/> DELETE	2.1 TITLE DSVAT 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	D ELTON, ROSALYN ONE PARK PLAZA NASHVILLE TN	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	S FRANCK, JOHN M Franck ONE PARK PLAZA NASHVILLE TN	<input type="checkbox"/> DELETE	4.1 TITLE DVPS 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	V JOHNSON, MILTON ONE PARK PLAZA NASHVILLE TN 37203	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: *Dora A. Blackwood* 4/16/98

CR2E034 (10/97)