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

PROFIT CORPORATION ANNUAL REPORT **19**98

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092826 (4)

DAMAI	DIAN MRI IN NORTH PALM	BEACH, P.A.			
Principal Plac	ce of Business	Mailing Address	,	I TANIENDO NAM EMENT DODIS DRIST DRIST DRIST EDITE EN	HAN ALDRI HARIR HAND DIA INDI
701 NORTHLAKE BLVD SUITE 108		110 MARCUS DR MELVILLE NY 11474			- CO. LO.
N PALM BC	1 FL 33408	US		DO NOT WRITE IN THIS	SPACE
US				3. Date Incorporated or Qualified 12/23/1994	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0544979	Not Applicable
Suite, Apt	#, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stal	io.	City & State			Fee Required
23	lo.	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _(p)	Country	8. This corporation owes or has paid the cu	
24	25	29	30	Personal Property Tax due June 30.	Yes 💢 No
	9. Name and Address of Curre	· · · · · · · · · · · · · · · · · · ·	81 Name	10. Name and Address of New Registered	Agent
	PARCELLA, ANTHONY LUCIA	NO BONANNI	L1	UCIANO BONANHI	
	1 Northlake BLVD Jite 106		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	PALM BCH FL 33408			C.1	
.,,			84 City	suite 106	es Zio Codo
			Not		
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 ob londs. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar up and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature the complete connecting depends and the diagraph of the provision and the diagraph of the dia					
TITLE	DPT	DELETE	11 TITLE	, obtained in water to difficult in	☐ Change ☐ Addition
NAME	DAMADIAN, RAYMOND V		1.2 NAME		
STREET ADDRESS	110 MARCUS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY		1.4 CITY - ST - ZIP		
TITLE	5	☐ DELETE	2.1 TITLE		Change Addition
NAME	BONANNI, LUCIANO 110 MARCUS DR		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	MELVILLE NY		2.3 STREET ADDRESS 2. 4 CHY-ST-ZIP		
TITLE	111000 (11	DELETE	3.1 Title		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 Title		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELFTE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME		[_] DELLIC	5.1 TITLE 5.2 NAME		The results The Workload
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

14. Thereby 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 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 paddress.

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