FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY 1 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000093053 (4)

1. Corporation Name

ADVANCED IMAGING NETWORK, INC.

Principal Place of Business: 4330 SHERIDAN ST. SUITE 202-B HOLLYWOOD FL 33021

Mailing Address: 4330 SHERIDAN ST. SUITE 202-B HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1994

3a. Date of Last Report:

4. FEI Number: 65-0568580 — Applied For / Not Applicable

2. Principal Place of Business — 21, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country

2a. Mailing Address — 26, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. ... [ ] — $5.00 May Be Added to Fees

8. ... Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SABRA, RICHARD B 4330 SHERIDAN ST., SUITE 202-B HOLLYWOOD FL 33021	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 ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DIRECTOR/PRESIDENT	TITLE	[ ] Change [ ] Addition
NAME	VLADIMIR B. GRAJA	NAME	
STREET ADDRESS	2640 HOLLYWOOD BLVD, SUITE 120	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing ... Florida Statutes ... 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 ... empowered to execute this report as required by Chapter 607, Florida Statutes ...

SIGNATURE: [signature] 4/27/95 (305)929-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0000160 FP