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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500002036 (8)

DIAGNOSTIC CENTERS OF AMERICA EQUIPMENT CORPORATION

| 2101 CORPOR SUITE 101 BOCA RATON | NATE BLVD NW | S | 101 CORPORATE BLVD BUITE 101 BOCA RATON FL 33431 | | | | 3 | | Date Incorporated or Qualifier | 3 : | 3a. Date 05/01 | | Report |
|---|---|------------|--|----------------|--------------------|---|------------------------|--|--|------------------|------------------------|--------------------|--------------------------------|
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4 | | El Number | | 00,0. | | pplied For |
| 21 | | | 26 | | | | | AM ATA 440A | | | | | lot Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | | | , | Additional |
| 22 | | | 27 | | | | 5 | 5. (| Certificate of Status Desired | L. | | | Required |
| City & State | | | City & State | | | | 6 | 6 F | lection Campaign Financing | | | \$5.00 | May Be |
| 23 | | | 28 | | | |] | | rust Fund Contribution | | | | to Fees |
| Zip | Country Zip | | | Country | | | | 8. 1 | his corporation has hability for | or inta | naible tax | under : | s. 199.032. |
| 24 | 25 29 | | | 30 | 30 | | | Florida Statutes | | | | | |
| | g. Name and Address of Curre | nt Regis | stered Agent | | <u></u> | | 10 | 10. Name and Address of New Registered Agent | | | | | |
| SHULLMAN, STEVEN J 2101 CORPORATE BLVD NW SUITE 101 | | | | | 81 | ' | ame treet Address (| (P.C | D. Box Number is Not Accept | able) | | | |
| BOCA RATON FL 33431 | | | | | | | | | | | | | |
| | | | | | 84 | c | itv | | | | | 35 Zip | Code |
| | | | | | | - | • | | | | FL | | |
| I Office of r | to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig | e of Flori | ida. Such change was | s authonz | ed by | v thr | imed corporation's | tion s bo | submits this statement for the ard of directors. I hereby acc | e purp opt th | ose of ch ne appoin | anging Iment as | its registered s registered |
| SIGNATURE | | | | | | | | | | | | | |
| 12. | Signature, typod or printed name of registered ag OFFICERS AN | | | .HE: Flogisler | | ent sig | gnature required who | | einstating) ODITIONS/CHANGES TO OFF | | DATE | DECTO | DC IN 10 |
| TITLE | D, SEELY TREOS | TO DITE. | DELETE | | TITLE | | | AL | DUITIONS/CHANGES TO OFF | ICER | | Change | Addition |
| NAME | SHULLMAN, STEVEN J | | | | 1.2 NAME | | | | | | | Unungo | |
| STREET ADDRESS 2101 CORPORATE BLVD NW S | | | | | | I YDDI | proc | | | | | | |
| CITY-ST-ZIP BOCA RATON FL 33431 | | | | | | 1.3 STREET ADDRESS 1.4 C(TY - ST - ZIP | | | | | | | |
| TITLE | 72 Pef 5 | | | 2.1 | TITLE | 31-211 | | | | | ··· | Change | Addition |
| NAME | william found | ~D. | | 22 | NAME | | | | | | - | **** | |
| NAME STREET ADDRESS CITY-ST-ZIP W.LL' ON GO. MONDON BLUD SUITE 101 SOCO ROTON, FL 3343) | | | | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | BOCK ROTON, 1 | r.L | 33431 | 2.4 | CHY-S | | | | | | | | |
| TITLE | DELETE | | | | 3.1 TITLE | | | ***** | | | | Change | Addition |
| NAME | | | - | 2.0 | NAME | | | | | | | | |
| STREET ADDRESS | | | | | STREE1 | I ADDI | RESS | | | | | | |
| CITY-ST-ZIP | | | | | CITY-S | | | | | | | | |
| TITLE | | | DELETE | | TITLE | J. L. | · | | | | | Change | Addition |
| NAME | | | | | NAME | | | | | | • | | |
| STREET ADDRESS | | | | | STREET | i Addi | RESS | | | | | | |
| CITY-ST-ZIP | | | | ı | CITY-S | | | | | | | | |
| TITLE | | | DELETE | | TITLE | | | | | | | Change | Addition |
| NAME | | | | 5.21 | NAME | | | | | | | • | ·— |
| STREET ADDRESS | | | | | STREET | I ADDI | RESS | | | | | | |
| CITY-ST-ZIP | | | | | CITY-S | | | | | | | | ļ |
| TITLE | | | DELE1E | | IIILE | | | | , | | | Change | Addition |

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 eath; 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

62 NAME

CIONATURE.

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

SHILL .

561-194 371

FILED

May 14 1997 8:00am

Secretary of State