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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000002036**1. Corporation Name

DIAGNOSTIC CENTERS OF AMERICA EQUIPMENT CORPORAT ION

Principal Place	e of Business	Mailing Address					
2101 CORPORATE BLVD NW		2101 CORPORATE BLVD NW					
SUITE 101		SUITE 101					
BOCA RATON FL 33431		BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/09/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
21		26		65-0564159	N	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intar	gible	
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			
	LLMAN, STEVEN J		82 St		Address (P.O. Box Number is Not Acceptable)		
2101	CORPORATE BLVD NW	62 Street Add			Addless (F.O. Box Number is Not Acceptable)		
SUIT	E 101		83				
BOC	A RATON FL 33431		L				
			84	City	FL	L	Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above	-named	corporation submits this statement for the purpose of ch	anging it	s registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	r Florida, Such change was authorize ons of, Section 607.0505, Florida Sta	ed by itutes	tne corp	oration's board of directors. I hereby accept the appoint	neni as i	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Register	d Ager	t signature	equired when reinstating) DATE		
12.	OFFICERS AND				ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PDST	DELETE 1.1	TITLE		D.5	Change	Addition
NAME	SHULLMAN, STEVEN J	1.2	NAME		BUTTS, BERNARD	10	
STREET ADDRESS	2101 CORPORATE BLVD NW SI	JITE 101 1.3	STREET	ADDRESS	BLTTS, BERNARD 1790 W. 49 STREET SWIE		
CITY-ST-ZIP	BOCA RATON FL	1.41	CITY-S	- ZIP	HIDLEON, FL & 33012		
TITLE			2.1 TITLE		HIDLEON, FL & 33012	Change	Addition
NAME		2.2	NAME		PDT SHULLMON, STEVENJ. 210) CORPORATE BLUD.		ا مده سيم
STREET ADDRESS	1235		STREET	ADDRESS	210) CORPURATE BLUD.	501	
			2.4 CiTY-ST-ZIP		TSOCA RATON, FL 334	31	
CITY-ST-ZIP TITLE			3.1 TITLE		75.51, 71. 12.1,	Change	Addition
	32)						_
NAME				ADDRESS			
STREET ADDRESS				ADDRESS			
		3.4. CITY-ST-ZIP			Change	☐ Addition	
TITLE			4.1 TITLE 4.2 NAME			Change	
NAME			-				
STREET ADORESS		i		ADDRESS			
		4.4 CITY-ST-ZIP			- Channe	Addition	
TITLE			ILLE			[] Change	☐ Addition
NAME			VAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			CITY-S	î-ZIP			
TITLE		☐ DELETE 6.1	TITLE			🗍 Change	Addition
NAME		_ 52.2	NAME:				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)

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FILED

May 11, 1999 8:00 am Secretary of State

05-11-1999 90023 010 ***150.00