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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500003556 (4)

NATIONAL MEDICAL IMAGING INC.

											<u>it 9111 1001</u>
Principal Place of Business	-	Address									
309 N.E. 3RD AVENUE Dania FL 33004		7050 N.W. 4TH STREET PLANTATION FL 33317-2247							1		
							Date Incorporated or 01/12/1995	Qualified		ate of Last F 01/1996	leport
2. Principal Place of Business	2a. Mail	2a. Mailing Address				4. FEI Number Applied Fo				oplied For	
21	26					65-0547966				ot Applicable	
Suite. Apt. #, etc	├ ──¬	e, Apt. #, etc.				5.	Certificate of Status D	esired			Additional equired
City & State	27 City	& State					Election Campaign Fir	anoina			
	28	o ome					Trust Fund Contributio	-			May Be to Fees
Zip Country	Zιρ		C	ountry		8.	This corporation has li				i. 199.032,
25	29		30				Florida Statutes		Yes [
9. Name and Address	of Current Registered	i Agent				10.	Name and Address of	of New Reg	latered	Agent	
Walker, Susan				81	Name						
7050 NW 4TH STREET				82	Street A	ddress (P.	dress (P.O. Box Number is Not Acceptable)				
SUITE 202				83			······································				
PLANTATION FL 33317				3							
				84	City				FL	85 Zip	Code
11. Pursuant to the provisions of Section	o 607 0502 and 607 15	608 Florida Stati	de the	above	-named c	ornoration	submits this stateme	ot for the p	W0000	f changing	its registered
TI. Furstiant to the provisions of Section	n the State of Florida. S	uch change was	authori	zed by	the corpo	oration's b	oard of directors. I her	reby accep	t the app	ointment as	registered
office or registered agent, or both, i	to the contract of the contrac										
 Pursuant to the provisions of Section office or registered agent, or both, if agent. I am familiar with, and accept 	t the obligations of, Sec	ction 607.0305, r	IOHOB O	งเลเนเษร							
SIGNATURE						equired when			DATE		
SIGNATUFIE Signature, typod ox printed name of		licable (NC		tered Agei		equired when			DATE		RS IN 12
SIGNATURE Styration, typed or presed name of 12. OFF	registered agent and title if appli	licable (NC	OTE: Registe	tered Agei		equired when	reinstating)		DATE		RS IN 12
SIGNATURE Signature, typed or pinned name of 12. OFF TITLE NAME SLAWEK, PAUL P III	registered agent and title if appli	icable (NC RS	OTE: Registe	tered Agei		equired when	reinstating)		DATE	DIRECTO	
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SIGNATURE:

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Daytime Frione #

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May 12 1997 8:00am

Secretary of State

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