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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P95000003556 (4)

1. Corporation Name  
NATIONAL MEDICAL IMAGING INC.



Principal Place of Business  
309 N.E. 3RD AVENUE  
DANIA FL 33004

Mailing Address  
7050 N.W. 4TH STREET  
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104-106 NE 2nd Suite, Apt. #, etc.		2a. Mailing Address 26 2161 SW 23 AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/12/1995	
22 City & State 23 DANIA FL		27 City & State 28 FT. LAUDERDALE		4. FEI Number 65-0547966	
24 33004		29 33312		5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	
25 Broward		30 Broward		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	

9. Name and Address of Current Registered Agent WALKER, SUSAN 7050 NW 4TH STREET SUITE 202 PLANTATION FL 33317		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 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, Section 607.0504, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR
NAME	SLAWEK, PAUL P III	1.2 NAME	SLAWEK PAUL P III
STREET ADDRESS	309 N.E. 3RD AVE.	1.3 STREET ADDRESS	2161 SW 23 AVE
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	D	2.1 TITLE	DIRECTOR
NAME	SLAWEK, AMY	2.2 NAME	AMY SLAWEK
STREET ADDRESS	4118 PRESIDENTIAL DR.	2.3 STREET ADDRESS	2161 SW 23 AVE
CITY-ST-ZIP	LAFAYETTE HILL PA 19444	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	D	3.1 TITLE	SLAWEK PETE
NAME	SLAWEK, PETE	3.2 NAME	1661 SW 23 AVE
STREET ADDRESS	309 N.E. 3RD AVENUE	3.3 STREET ADDRESS	FT LAUDERDALE FL
CITY-ST-ZIP	DANIA FL 33004	3.4 CITY-ST-ZIP	33312
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_ DATE: 4/28/98

CR2E034 (10/97)