

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000021017 (5)

1. Corporation Name
AVENTURA IMAGING CENTER, INC.



Principal Place of Business	Mailing Address
1740 S BAYSHORE DR MIAMI FL 33133	1740 S BAYSHORE DR MIAMI FL 33133

3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 OUT OF BUSINESS	26 2843 N.E. 28TH STREET	65-0566436	Not Applicable
22 AS OF 12-31-95	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 FT. LAUDERDALE, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 33306	30 U.S.
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**WALSH, GERALD V
2890 UNIVERSITY DR
CORAL SPRINGS FL 33065**

81 Name JANET BERETSKY	85 Zip Code 33306
82 Street Address (P.O. Box Number is Not Acceptable) 2843 N.E. 28TH STREET	
83	
84 City FORT LAUDERDALE, FL	

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 607.0505, Florida Statutes.

SIGNATURE: *Janet Beretsky* **Janet Beretsky** **x 3/15/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRENTINE, PATRICK	1.2 NAME	
STREET ADDRESS	1029 TERRACE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	MROF	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KI, DAVID	2.2 NAME	
STREET ADDRESS	1740 S BAYSHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERTESKY, JANET	3.2 NAME	BERETSKY, JANET
STREET ADDRESS	2843 NE 28 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Janet Beretsky* **Janet Beretsky** **3/15/96** **305-568-0398**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)