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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000025237 (5)

1. Corporation Name
RX MEDICAL IMAGING CORP.

Principal Place of Business	Mailing Address
888 E. LAS OLAS BLVD. THIRD FLOOR FORT LAUDERDALE FL 33301 US	888 E. LAS OLAS BLVD. THIRD FLOOR FORT LAUDERDALE FL 33301-2272 US

3. Date Incorporated or Qualified: 03/29/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0571553 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	**2a.** Mailing Address
21	26
Suite, Apt #, etc. 22 SUITE 210	Suite, Apt #, etc. 27 SUITE 210
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

WASCH, JOSEPH C
888 E. LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 888 E. LAS OLAS BLVD., STE 210
83
84 City FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		**13.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	1.1 TITLE		[X] Change [ ] Addition
NAME	SPEER, RANDOLPH H		1.2 NAME		
STREET ADDRESS	888 E. LAS OLAS BLVD., THIRD FLOOR		1.3 STREET ADDRESS	888 E. LAS OLAS BLVD., STE 210	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	S	[ ] DELETE	2.1 TITLE	VP, S	[X] Change [ ] Addition
NAME	JOSEPH C. WASCH		2.2 NAME		
STREET ADDRESS	888 E LAS OLAS BLVD, THIRD FLOOR		2.3 STREET ADDRESS	888 E. LAS OLAS BLVD., STE 210	
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] 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 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: [signature] JOSEPH C. WASCH VICE-PRESIDENT 3/ /97 (95[illegible]

CR2E034 (9/96)