FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jun 19 1997 8:00am
Secretary of State

DOCUMENT # P95000028032 (7)

1. Corporation Name
MED IMAGING SERVICES, INC.

Principal Place of Business	Mailing Address
8220 WEST FLAGLER **MIAMI FL 33144**	**8220 WEST FLAGLER** **MIAMI FL 33144-2028**

3. Date Incorporated or Qualified **04/10/1995**	3a. Date of Last Report **09/16/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0571126**	Applied For
21		**26**			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22		**27**			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23		**28**			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24	**25**	**29**	**30**		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELGADO, ROSA **8220 WEST FLAGLER** **MIAMI FL 33144**	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _Rosa Delgado_   _President_   _5/01/97_
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	**PSD**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	**DELGADO, ROSA**		1.2 NAME		
STREET ADDRESS	**8220 WEST FLAGLER**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL 33144**		1.4 CITY-ST-ZIP		
TITLE	**VD**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	**DELGADO, MELVIN**		2.2 NAME		
STREET ADDRESS	**8220 WEST FLAGLER**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL 33144**		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 _Rosa Delgado_   _Rosa Delgado_   _6/11/97_   _226-5470_

CR2E034 (9/96)