

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08 1996 8:00 am
Secretary of State

DOCUMENT # P95000033819 (0)

1. Corporation Name

MRI CLINICAL SERVICES INC.

Principal Place of Business

9586 NW 41 ST
MIAMI FL 33178

Mailing Address

9586 NW 41 ST
MIAMI FL 33178



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DEL CASTILLO, DEREK
9586 NW 41 ST
MIAMI FL 33178

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

4. FEI Number

65-0576874

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.1508, 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 date of signature (DATE) Registered Agent Signature (typed or printed name) (DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS DEL CASTILLO, DEREK
CITY-ST-ZIP 15805 MIAMI LAKES WAY N
MIAMI LAKES FL 33014

TITLE ☐ DELETE

NAME VD
STREET ADDRESS BABOUN, RALPH
CITY-ST-ZIP 6335 NW 181 TERR
MIAMI FL 33178

TITLE ☐ DELETE

NAME SD
STREET ADDRESS CARRICABURU, FREDDY
CITY-ST-ZIP 7339 NW 79 TERR
MIAMI FL 33166

TITLE ☐ DELETE

NAME TD
STREET ADDRESS DE QUET, MIKE
CITY-ST-ZIP 1041 SMALLER AVE
MARCO ISLAND FL 33937

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed or in Block 14 if current with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEL CASTILLO, DEREK

1-24-96

(305) 883-8120

DATE

Daytime Phone #

CP2E034 (12/95)