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 10 1997 8:00am
Secretary of State

DOCUMENT # **P95000040081 (8)**

1. Corporation Name
MOBILESONICS MOBILE DIAGNOSTIC SERVICES, INC.

65-0585111

Principal Place of Business
2221 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address
2221 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024-3611

3. Date Incorporated or Qualified: 05/22/1995
3a. Date of Last Report: 08/05/1996

2. Principal Place of Business
21 2700 N 29th Ave
Suite, Apt. #, etc.
22 Suite 308
City & State
23 Hollywood, FL
Zip 24 33020-1520 Country 25

2a. Mailing Address
26 2700 N. 29th Ave
Suite, Apt. #, etc.
27 Suite 308
City & State
28 Hollywood, FL
Zip 29 33020-1520 Country 30

4. FEI Number: APPLIED FOR 65-0585111 — 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

9. Name and Address of Current Registered Agent
SINGER, BERNARD
4700 SHERIDAN STREET
SUITE B
HOLLYWOOD FL 33021

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 title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	KEENAN, BRUCE	
STREET ADDRESS	9300 RIVER CLUB PARKWAY	
CITY-ST-ZIP	DULUTH GA 30155	
TITLE	PD	☐ DELETE
NAME	THORNE, ROBERT	
STREET ADDRESS	18130 N.W. 16TH ST.	
CITY-ST-ZIP	PEMBROKE PINES 33029	
TITLE	STD	☐ DELETE
NAME	THORNE, BEATRIZ	
STREET ADDRESS	18130 NW 16TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VD	☐ DELETE
NAME	BAJOS, ORLADO	
STREET ADDRESS	10325 SW 89 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 is an attachment with an address.

SIGNATURE:

CR2E034 (9/96)