

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 # P95000077303

1. Corporation Name

AMERISCAN MRI CENTERS, INC.

Principal Place of Business

1451 Cypress Creek Rd.  
Suite 300  
Fort Lauderdale, FL  
33309

Mailing Address

1451 Cypress Creek Rd.  
Suite 300  
Fort Lauderdale, FL  
33309

3. Date Incorporated or Qualified  
10/3/1995

3a. Date of Last Report

2. Principal Place of Business

21 8400 University Dr.

2a. Mailing Address

26 8400 University Dr.

4. FEI Number

65-0612331

Applied For  
Not Applicable

Suite, Apt., etc.

22 Suite #213

Suite, Apt., etc.

27 Suite #213

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 Tamarac, FL

City & State

28 Tamarac, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 33321

Country

25 Broward

Zip

29 33321

Country

30 Broward

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Richard Rudich  
7229 Ashmont Circle  
Tamarac, FL 33321

81 Name

Joseph Dietrich

82 Street Address (P.O. Box Number is Not Acceptable);

8400 University Dr.

83

Suite #213

84 City

Tamarac,

FL

85 Zip Code

33321

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

*Joseph Dietrich*

NOTE: Registered Agent's signature required when registering.

8/6/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Joseph Dietrich

STREET ADDRESS 10339 NW 16th Ct.

CITY-ST-ZIP Coral Springs, FL 33071

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME Vice President

STREET ADDRESS Lisa Leff

CITY-ST-ZIP 2 Lantern Lane

TITLE ☒ DELETE

NAME Wayne, PA 19087

STREET ADDRESS Sec/Treas

CITY-ST-ZIP Jan McCann

TITLE ☐ DELETE

NAME 12280 NW 30th Place

STREET ADDRESS Sunrise, FL 33323

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Director  
Harry Leff  
2 Lantern Lane  
Wayne, PA 12087

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Director

Kent Bernarducci

9285 Affirmed Ln

Boca Raton, FL 33496

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200001919352  
-08/12/96--01048--025  
\*\*\*225.00

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 on an attachment with an address.

SIGNATURE

*Joseph Dietrich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

Date

Daytime Phone #