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PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 APR 25 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000037723 (9)**

1. Corporation Name
MED SCAN DIAGNOSTICS & IMAGING, INC.

Principal Place of Business	Mailing Address
2750 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306	2750 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306-1424

3. Date Incorporated or Qualified: 04/24/1996
3a. Date of Last Report: n/a

2. Principal Place of Business
21 3601 W. Commercial Blvd
Suite, Apt. #, etc.
22 20
City & State
23 Ft Lauderdale
Zip 24 33309 Country 25 USA

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28 FL
Zip 29 33308 Country 30 USA

4. FEI Number: 65-0662562 ☐ 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
CHRISTIANSEN, MICHAEL ERIC
2750 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

000002154760--9
-04/25/97--01022--018
****165.00 ****165.00

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 X
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADFORD, CHARLES R 5201 BAYVIEW DRIVE FORT LAUDERDALE FL 33308	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition Bradford, Charles R 2750 North Federal Highway Fort Lauderdale, FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADFORD, CHARLES R JR. 2750 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, MICHAEL 2750 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33306	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition MWB
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: X Charles R Bradford Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 954-714-9800
Date Daytime Phone #

0262050