904-222-5513 CSC 404 P02 FEB 26 '98 15:08

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 MAR 17 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
3601 W. Commercial Blvd. Suite 20 Fort Lauderdale, FL 33309	2750 N. Federal Highway Fort Lauderdale, FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04-24-96

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

2a. Principal Place of Business	2b. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. Name and Address of Current Registered Agent

Michael Christiansen
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 **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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D XXX DELETE	11 TITLE	President, Director ☐ Change XXX Addition
NAME	Bradford, Charles R.	12 NAME	Bradford, Debra
STREET ADDRESS	2750 N. Federal Highway	13 STREET ADDRESS	3601 W. Commercial Blvd., #20
CITY-ST-ZIP	Fort Lauderdale, FL 33308	14 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	D XXX DELETE	21 TITLE	Secretary ☐ Change XXX Addition
NAME	Bradford, Charles R. Jr.	22 NAME	Bradford, Debra
STREET ADDRESS	2750 N. Federal Highway	23 STREET ADDRESS	3601 W. Commercial Blvd., #20
CITY-ST-ZIP	Fort Lauderdale, FL 33306	24 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	☐ DELETE	31 TITLE	Treasurer ☐ Change XXX Addition
NAME		32 NAME	Bradford, Debra
STREET ADDRESS		33 STREET ADDRESS	3601 W. Commercial Blvd., #20
CITY-ST-ZIP		34 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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*****130.00 *****30.00

3/17/98

14. I 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: Debra Bradford 3/12/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Debra Bradford, President