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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

) (BOLLDON XID (BALL DIYK) DIKKI BAKKI BAKKI BAKKI BILIDI KILAH INDAH INDIK BILIDI IDAK

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051749 (5)

MOBIL IMAGE RADIOLGICAL SERVICES, INC.

							1 1001/001 196 10/10 01/11 00/11 00/11 00/11 13/03 5/16/ 1/0/1 16/01 3/0/1 16/1 16/1	
Principal Place of Business Mailing Address 8433 W. OKEECHOBEE ROAD 8200 S.W. 134 STREET HIALEAH GARDENS FL 33016 MIAMI FL 33152						. 14611261 110 10116 01111 00111 00111 00111 00111 00111 11011 11011 11011 11011 11011		
HIALEAN GAN	DENS PL 33U16	N	MIAMI FL 33152				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
							06/18/1996	
2. Principal Pl	ace of Business	2a.	2a. Mailing Address				4. FEI Number Applied For	
21		26	26				65-0691087 Not Applicable	
Suite, Apt	N, etc.		Suite, Apt. #, etc.				ER 75 Additional	
22			27				5. Certificate of Status Desired Fee Required	
City & State)	1	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip Country		Zip			Country		8. This corporation owes or has paid the current year Intangible	
24	25	29		30			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					\perp		10. Name and Address of New Registered Agent	
	rnandez, jorge				81	Name		
8200 S.W. 134 STREET					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
MLA	MI FL 33156				L			
					83	,	,	
					84	City	les 7io Code	
					**	City	FL 85 Zip Code	
	Signature typed or protect name of registered a					ont signature requ	ulrod when reinstating) DATE ADDITION (CHANGES TO DEFICE OF AND DIDECTORS IN 40)	
12.	OFFICERS A	ND DIREC	DELETE DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P UEDALANDEZ LODGE		L' DECEIE		TITLE		Change Addition	
NAME	HERNANDEZ, JORGE 8200 S.W. 134 STREET				NAME			
STREET ADDRESS	MIAMI FL 33156					T ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33136		DELETE		CITY-S TITLE	ST-ZIP	☐ Change ☐ Addition	
							Li change Li Addition	
NAME EXECUTED DESIGN					NAME			
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP			DELETE		TITLE	ST-ZIP	☐ Change ☐ Addition	
NAME					NAME	1	C comp	
STREET ADDRESS						TADODECC		
				1		T ADDRESS		
CITY - ST - ZIP			DELETE		TITLE	-ST - ZIP	Change Addition	
NAME			C Decet	1	NAME		C Stange C Addition	
STREET ADDRESS						T ADDRESS		
CITY-SI-ZIP						ST-ZIP		
TITLE			DELETE		TITLE	31-YIL	Change Addition	
NAME					NAME		- Crowse - Monday	
STREET ADDRESS						T ADDRESS		
						•		
CITY-\$1-ZIP TITLE			DELETE		TITLE	ST - ZIP	Change Addition	
NAME					NAME		_ Criange Mannon	
STREET ADDRESS						T ADDRESS		
SINEEL AUUMESS I				■ 63	DIRECT!	LAUURESS I		

14. Thereby certify that the information supplied with this filling 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.