


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90072 042 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000051749					
1. Corporation Name MOBIL IMAGE RADIOLOGICAL SERVICES, INC.					
Principal Place of Business 8433 W. OKEECHOBEE ROAD HIALEAH GARDENS FL 33016			Mailing Address 8200 S.W. 134 STREET MIAMI FL 33152		
2. Principal Place of Business 21 12910 S.W. 133 rd COURT Suite, Apt. #, etc. 22 SUITE A City & State 23 MIAMI FL Zip 24 33186		2a. Mailing Address 26 14463 SW 139 AVE. West Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33186		Country 25 USA 30 USA	
9. Name and Address of Current Registered Agent HERNANDEZ, JORGE 8200 S.W. 134 STREET MIAMI FL 33156			10. Name and Address of New Registered Agent 81 Name JORGE HERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable) 14463 SW 139 AVE. West 83 84 City MIAMI FL 85 Zip Code 33186		
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 <i>Jorge Hernandez</i> DATE 1/18/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE P NAME HERNANDEZ, JORGE STREET ADDRESS 8200 S.W. 134 STREET CITY-ST-ZIP MIAMI FL 33156 [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [Change] [Addition] 1.2 NAME 1.3 STREET ADDRESS 14463 SW 139 AVE. West 1.4 CITY-ST-ZIP MIAMI FL 33186 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 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, with all other like empowered.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)