

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P96000060748 (6)**

1. Corporation Name:  
**HIALEAH MRI, INC.**



Principal Place of Business  
**651 EAST 25TH STREET  
 HIALEAH FL 33013**

Mailing Address  
**651 EAST 25TH STREET  
 HIALEAH FL 33013-9814**

3. Date Incorporated or Qualified **07/19/1996**      3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **#65-0680573**      Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENMAN, IRVING  
 12000 BISCAYNE BLVD. #705  
 NORTH MIAMI FL 33181**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL LEIGHT	1.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD. #705	1.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL 33181	1.4 CITY- ST- ZIP	
TITLE	TRES. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE SHAPIRO	2.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD. #705	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL 33181	2.4 CITY- ST- ZIP	
TITLE	VP. / SEC. / TREAS. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVING GREENMAN	3.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD #705	3.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL 33181	3.4 CITY- ST- ZIP	
TITLE	V.P. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS O'BRIEN	4.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD #705	4.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI FL 33181	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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: \_\_\_\_\_ DATE: 4/23/97 DAYTIME PHONE #: (305) 891-3895

CR2E034 (9/96)