## 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

DOCUMENT #

P96000060748 (6)

HIALEAH MRI, INC.

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

22

23

24

651 EAST 25TH STREET HIALEAH FL 33013

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

Country

12000 BISCAYNE BLVD. #705 509

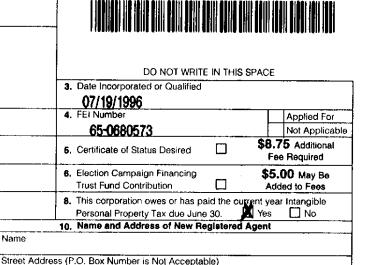
9. Name and Address of Current Registered Agent

25

GREENMAN, IRVING

NORTH MIAMI FL 33181

## FILED May 05 1998 8:00am Secretary of State



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.

83

City

Country

30

agent. I an	n <b>fa</b> miliar with, and accept the obligations of, S	such change was a ection 607.0505, Flo	aumorized by the corporatio prida Statules.	n's board of directors. I hereby	accept the appointment as	registered
SIGNATURE	Signature, typed or puried rame of regulated agent and that if age	ulcable (NO)	Registered Agent signature required	1 who reinstalion	DATE	<del></del>
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	DELETE	1.1 TITLE		Change	Additio
NAME	LEIGHT, PAUL		1.2 NAME			
STREET ADDRESS	12000 BISCAYNE BLVD., STE 705		1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL		1.4 CITY - ST - ZIP			
ITLE	P	DELETE	2.1 TITLE	<del></del>	☐ Change	Additio
NAME	SHAPIRO, STEVE		2.2 NAME		•	
STREET ADDRESS	12000 BISCAYNE BLVD., STE 705		2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL		2.4 CITY-ST-7IP			
ITLE	VST	DELETE	3 1 TITLE		☐ Change	Additio
IAME	Greenman, Irving		3.2 NAME			
STREET ADDRESS	12000 BISCAYNE BLVD., STE 705		3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL		3.4. CITY-ST-ZIP			
TILE	VP .	DELETE	4.1 TITLE		☐ Change	Additio
IAME	O'BRIEN, THOMAS		4. 2 NAME			
TREET ADDRESS	12000 BISCAYNE BLVD., STE 705		4.3 STREET ADDRESS			
ITY-ST-ZIP	NORTH MIAMI FL		4.4 CITY-S1-2IP			
ITLE		DELETE	5.1 TITLE		☐ Change	Additio
IAME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
HTY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		☐ Change	Addition
IAME			6.2 NAME		•	
STREET ADDRESS			6.3 STREET ADDRESS			

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 trusted 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 view address.

6.4 CITY - ST - ZIP

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