


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90153 013 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000060748**

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



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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**07/19/1996**

4. FEI Number **65-0680573** 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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **12000 Biscayne Blvd** 26 **SAME**  
 Suite, Apt. # etc. **509** Suite, Apt. #, etc. **SAME**  
 22 **MIAMI FL** 27 **SAME**  
 City & State, City & State  
 23 **33181** 25 **FL** 28 **SAME** 29 **SAME** 30 **SAME**  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent  
~~GREENMAN, IRVING~~  
~~12000 BISCAYNE BLVD, STE 705~~  
~~MIAMI, FL 33181~~

10. Name and Address of New Registered Agent  
 81 Name **STEVEN R. SHAPIRO**  
 82 Street Address, P.O. Box Number (Not Acceptable)  
**12000 BISCAYNE BLVD**  
 83 **509**  
 84 City **MIAMI** FL 85 Zip Code **33181**

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 *Steven Shapiro* DATE **4/30/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGH PAUL	1.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD., STE 705	1.3 STREET ADDRESS	<b>5509</b>
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	P.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, STEVE	2.2 NAME	<b>5509</b>
STREET ADDRESS	12000 BISCAYNE BLVD., STE 509	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENMAN, IRVING	3.2 NAME	<b>5509</b>
STREET ADDRESS	12000 BISCAYNE BLVD., STE 705	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<del>THOMAS</del>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>O'BRIEN, THOMAS</del>	4.2 NAME	
STREET ADDRESS	<del>12000 BISCAYNE BLVD., STE 705</del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del>NORTH MIAMI FL</del>	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 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: *Steven Shapiro* DATE: **4/30/99** DAYTIME PHONE #: **3058952100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)