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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000077711

1. Corporation Name
OPEN MAGNETIC IMAGING, INC

Principal Place of Business / Mailing Address
801 S. UNIVERSITY DRIVE
SUITE C-136A
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified
9.9.97

4. FEI Number
65-0701813
☐ 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. Has corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: MARIO R. DELGADO, ESQ
82 Street Address (P.O. Box Number is Not Acceptable):
MARIO R. DELGADO, P.A.
83 306 ALCAZAR AVENUE, SUITE 302
84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Section 607.0505 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. The corporation 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 that position as provided for in Section 607.0505, Florida Statutes.

SIGNATURE 5.11.98
Signature of New Registered Agent, if changing — Date

12. OFFICERS AND/OR DIRECTORS

TITLE: PRESIDENT/DIRECTOR
NAME: NELSON ACOSTA
STREET ADDRESS: 801 S. University Drive, Suite C136A
CITY-ST-ZIP: Plantation, FL 33324
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP

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***450.00

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 report or supplemental requirement 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, added or deleted.

SIGNATURE: 4-27-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (10/97)