

**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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PA97000700119**  
1. Corporation Name  
**UNIVERSITY MRI MANAGEMENT, 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 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

3. Date Incorporated or Qualified  
**11.25.97**

4. FEI Number  
**65-0796620**

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 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

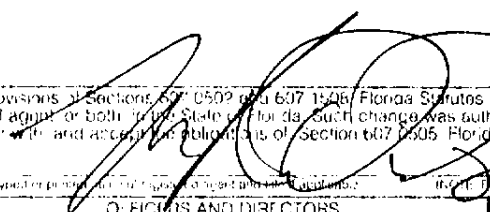
81. Name  
**MARIO R. DELGADO JR.**

82. Street Address (P.O. Box Number is Not Acceptable)  
**MARIO R. DELGADO JR.**

83. **300 NICOTAR AVENUE SUITE 302**

84. City **COVINGTON** FL 85. Zip Code **33034**

11. Pursuant to the provisions of Sections 607.0502 and 607.1106, 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:  DATE: **5/11/98**

12. OFFICERS AND DIRECTORS

1. TITLE  DELETE  
**PRESIDENT/DIRECTOR**

2. NAME  
**NELSON ACOSTA**

3. STREET ADDRESS  
**801 S. UNIVERSITY DR., SUITE C-136A**

4. CITY-ST-ZIP  
**PLANTATION, FL 33324**

5. TITLE  DELETE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE  DELETE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE  DELETE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition  
**President/Director**

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE  Change  Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE  Change  Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE  Change  Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE  Change  Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE  Change  Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE  Change  Addition

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE  Change  Addition

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE  Change  Addition

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

37. TITLE  Change  Addition

38. NAME

39. STREET ADDRESS

40. CITY-ST-ZIP

41. TITLE  Change  Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

45. TITLE  Change  Addition

46. NAME

47. STREET ADDRESS

48. CITY-ST-ZIP

49. TITLE  Change  Addition

50. NAME

51. STREET ADDRESS

52. CITY-ST-ZIP

53. TITLE  Change  Addition

54. NAME

55. STREET ADDRESS

56. CITY-ST-ZIP

57. TITLE  Change  Addition

58. NAME

59. STREET ADDRESS

60. CITY-ST-ZIP

61. TITLE  Change  Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

65. TITLE  Change  Addition

66. NAME

67. STREET ADDRESS

68. CITY-ST-ZIP

69. TITLE  Change  Addition

70. NAME

71. STREET ADDRESS

72. CITY-ST-ZIP

73. TITLE  Change  Addition

74. NAME

75. STREET ADDRESS

76. CITY-ST-ZIP

77. TITLE  Change  Addition

78. NAME

79. STREET ADDRESS

80. CITY-ST-ZIP

81. TITLE  Change  Addition

82. NAME

83. STREET ADDRESS

84. CITY-ST-ZIP

85. TITLE  Change  Addition

86. NAME

87. STREET ADDRESS

88. CITY-ST-ZIP

89. TITLE  Change  Addition

90. NAME

91. STREET ADDRESS

92. CITY-ST-ZIP

93. TITLE  Change  Addition

94. NAME

95. STREET ADDRESS

96. CITY-ST-ZIP

97. TITLE  Change  Addition

98. NAME

99. STREET ADDRESS

100. 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)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 registered or trustee employed 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: 

CR2E034 (10/97)

400002555854  
-06/11/98--01009--008  
\*\*\*450.00

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