

**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 # **PA97000100119**  
 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 Country 29 Zip 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

81 Name  
**MARIO R. DELGADO**

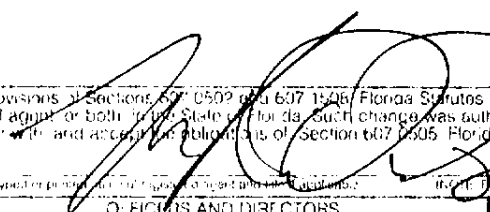
82 Street Address (P.O. Box Number is Not Acceptable)  
**MARIO R. DELGADO P.A.**

83 **300 NICOTAR AVENUE SUITE 302**

84 City **COVINGTON** FL 85 Zip Code **33334**

10. Name and Address of New Registered Agent

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

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

**63**  
**VP**

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 professional employee of the corporation 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)