PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000026679

SERUS	on Name DIAGNOSTIC IMAGIN ce of Business		INC.					
2625 COLLINS			5 COLLINS AVE.					
#207		#20	97			DO NOT WRITE IN	THIS SPACE	
MIAMI BEACH	FL 33140	MIA	MI BEACH FL 33140			3. Date Incorporated or Qualifed	THIS SPACE	
						03/23/1998	•	
3 Discharle	Diago of Displace	22	Mailing Address			4 FEI Number 0/0 (C/ 1/	I Ao	plied For
21 Principal i	Place of Business	26	Making Mores			65-0831817		t Applicable
Suite, Apl	t. #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27				a. Cartilicate of Status Desired	Fee Re	equired
City & Sta	ate		City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	lo Fees
Zip	Country	<u> </u>	Zip	Count	ıy	8. This corporation owes the current y	ear Intangible XI Yes	□No
24	25	[29]		[30]		Personal Property Tax. 10. Name and Address of New Regia		
	9. Name and Address of	or Current Regist	ared Agent		1 Name	Halled with Completes or the Holled	,	
KIT	tsenko, russell			L				
	25 COLLINS AVE.			8	Street Add	ress (P.O. Box Number is Not Acceptable)	. •	
#207			la la	13		······································	_	
MLA	VMI BEACH FL 33140			Ļ			last see	Code
the side of the course				18	City	•	FL 85 Zip '	Code
office or agent. I						poration submits this statement for the purplion's board of directors. I hereby accept the	appointment as re	
SIGNATURE	Signature, typed or printed name of re OFFIC		applicable. (NOT	E: Registered A	gent signature requi		RS AND DIRECTO	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of re-	gistered agent and 15e d	applicable. (NO1	TE: Registered A	gent signature requi	red when reinstating) Di	ATE	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or privated name of re- OFFIC D KUTSENKO, RUSSELL	gistered agent and 19e of CERS AND DIREC	applicable. (NOT	13. 1.3 TTU	gent signature requi	red when reinstating) Di	RS AND DIRECTO	RS IN 12
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14. I heraby 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 ennual report or supplemental annual report is two and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or in the encovered 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: [

KUTSENKO

<u> 195 –</u>

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90082 002 ***150.00

Daytime Phone #

ZE034 (11/98)