


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90026 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000037464</b> 1. Corporation Name <b>UNIVERSITY MRI OF BOCA RATON, INC.</b>	



UNIVER. MRI OF BOCA RATON  
 3848 FAU BLVD SUITE #200  
 BOCA RATON, FL 33431

Mailing Address  
 2581 N.W. 59TH STREET  
 BOCA RATON FL 33496 *Adame*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3848 FAU Blvd.</b>		2a. Mailing Address 26 <b>3848 FAU Blvd.</b>		3. Date Incorporated or Qualified <b>04/24/1998</b>	
Suite, Apt. #, etc. 22 <b>Suite # 200</b>		Suite, Apt. #, etc. 27 <b>Suite # 200</b>		4. FEI Number <b>65-0860444</b>	
City & State 23 <b>Boca Raton, FL</b>		City & State 28 <b>Boca Raton, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33431</b>		Country 25 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 29 <b>33431</b>		Country 30 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIELDS, CONSTANCE 2581 N.W. 59TH STREET BOCA RATON FL 33496				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: *Constance Fields* **no president** **7/15/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDS, CONSTANCE</b>	1.2 NAME	
STREET ADDRESS	<b>2581 N.W. 59TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Constance Fields* **RESIDUAL** **7/15/99** **561-3629191**  
 Signature and Title of Officer or Director Date Daytime Phone #

CR2E034 (5/99)



UNIVERSITY MRI OF BOCA RATON, INC  
... advanced imaging on the campus of FAU

PA 8000037464  
596463-90026-50

July 20, 1999

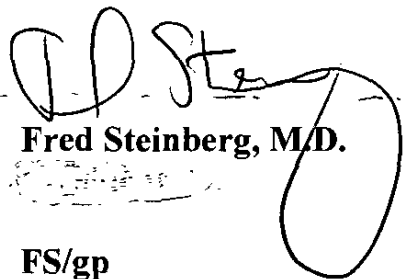
**Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500**

**To Whom It May Concern:**

**This is to confirm my conversation with you today regarding my missing Checks.**

**Per your instructions, I am resubmitting replacement checks and would appreciate if you would credit my account.**

**Thank you,**

  
**Fred Steinberg, M.D.**  
FS/gp