

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90014 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000045566**

1. Corporation Name

MEDICAL IMAGING ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05-20-1998

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**8. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**6. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

28. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

JORGE M. MILLER
16401 NW. 2ND AVE SUITE 103
N. MIAMI BEACH, FL 33169

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 ☒**JORGE MILLER****4-22-99**

DATE

Signature, typed or printed name of registered agent and title Y applicable.

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** **MIGUEL GARBER** ☐ DELETENAME **16401 NW 2ND AVENUE #103**STREET ADDRESS **N.M.B. FL 33169**

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **VP** **VICTOR H GERBANDO** ☐ DELETENAME **16401 NW 2ND AVENUE #103**STREET ADDRESS **NMB FL 33169**

CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, as on an attachment with an address, with so other like empowered.

SIGNATURE: ☒**President****4-22-99 (305) 354-7008**

Date

Officer's Phone #