

D8192

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041932

1. Entity Name Physicians Imaging Network, Inc.

FILED

00 SEP 19 PM 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

12000 Biscayne Boulevard
Suite 201
Miami, Florida 33131

2 Principal Place of Business
same as above

3 Mailing Address:
Same as above

DO NOT WRITE IN THIS SPACE

Subs. Aux. #, etc

Subs. Aux. #, etc

4 FEI Number
65-0920382

Applied For
Not Applicable

City & State

City & State

5 Certificate of Status Desired \$8.75 Additional Fee Required

Zip

Country

Zip

Country

6 Name and Address of Current Registered Agent

7 Name and Address of New Registered Agent

Peter J. Stein
12000 Biscayne Boulevard
Suite 201
Miami, Florida 33181

Name
Street Address (P.O. Box Number if Not Allowed)

City FL Zip Code

8 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature (typed or printed name of registered agent and date of approval)

(NOTE: Registered Agent required when transferring)

DATE

9 This corporation is eligible to elect S corporation status (See criteria on back)

10 Election Campaign Financing
Trust Fund Contribution \$5.00 may be Added to Fee

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11	12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP

D, P, T, S
Peter J. Stein
12000 Biscayne Blvd., Suite 201
Miami, Florida 33181

600003398536

SP

CRZE034 (8/99)

13 I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119 (073)(c), Florida Statutes. I further certify that the information disclosed on this report or supplemental report is true and accurate and that my signature and name 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 submit the report as required by Chapter 647, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without the empowerment.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00 305-899-8585

Date Daytime Phone #



Pg 292
p9900041932

ACCOUNT NO. : 072100000032
REFERENCE : 835139 4336650
AUTHORIZATION : Patricia Pizuto
COST LIMIT : \$ 550.00

ORDER DATE : September 19, 2000
ORDER TIME : 12:02 PM
ORDER NO. : 835139-005
CUSTOMER NO: 4336650

CUSTOMER: Ms. Sylvie G. Jordan
Baker & Mckenzie
19th Floor
1200 Brickell Avenue
Miami, FL 33131

ANNUAL REPORT FILING

NAME: PHYSICIANS IMAGING NETWORK,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

FILE 1ST

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS: _____

RECEIVED
00 SEP 19 PM 4:01
DEPARTMENT OF STATE
DIVISION OF CONSUMER AFFAIRS
TALLAHASSEE, FLORIDA