Apr-23-01 02:42P

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**May 18, 2001 8:00 am**
**Secretary of State**
05-18-2001 90010 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1998 2001

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000060805

1. Corporation Name
MRI Scan Center Inc

A0063277

| Principal Place of Business | Mailing Address |
|---|---|
| 3122 E. Commercial Blvd<br>Ft Lauderdale, Fl 33308 | 3122 E. Commercial Blvd<br>Ft Lauderdale, Fl 33308 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 28 | 3. Date Incorporated or Qualified | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 65-0939574 | Applied For / Not Applicable |
| City & State 23 | City & State 26 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip 24 / County 25 | Zip 29 / County 30 | 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 | 10. Name and Address of New Registered Agent |
|---|---|
| Kagan, Robert<br>3055 Harbor DRIVE #2101<br>Fort Lauderdale, Fl 33316 | 01 Name: Robert Kagan<br>02 Street Address (P.O. Box Number is Not Acceptable): 3122 E. Commercial Blvd<br>03<br>04 City: Fort Lauderdale FL 05 Zip Code: 33308 |

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.

X SIGNATURE: Robert L. Kagan DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Kagan, Robert<br>3055 Harbor Dr. #2101<br>Ft Lauderdale Fl 33316 ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

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.

X SIGNATURE: Robert L. Kagan 4/23/01 9547728080
Name and Typed or Printed Name of Individual and Capacity or Position Here — Date — Daytime Phone Number