FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Scoretary of State

DIVISION OF CORPORATIONS

	1996	DIVISION OF (CORPORATIONS				
DOCUI	MENT # S059	953 (2)					
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rino	T COAST MAGNETIC RES	SUNANCE IMAGING, P.A	l.	I ISSANGIA III BARBI ALIAN	B.B. B.L		
Principal Place	of Rusinana						
		Mailing Address		t ambitete eit detet Etile i	nial aires liti stă)	aten eten eten ibet
110 MARC MELVILLE		3728 PHILLIPS HWY STE. 4					
	*** 11171	JACKSONVILLE FL 32	207				
į		U\$		Date Incorporated or Qualif	ied 3a. Da	ate of Last	
2. Principal Pla	ace of Business	2a. Mailing Address		10/15/1990		08/14/	
	Phillips Hwy.	26 110 Marcus I)rive	4. FEI Number 59-3029997			Applied For
Suite, Apt.	#, etc.	Suite. Apl. #, etc				607	Not Applicable
22 Ste.		27		5. Certificate of Status Desired	, 🗆	-	75 Additional e Required
City & State Jacks	onville, FL	City & State	_	6. Election Campaign Financin	ıg		00 May Be
-		28 Melville, N		Trust Fund Contribution		Add	ded to Fees
Zip 32207	Country US	Zip 11747	Country 30 US	8. This corporation has liability		tax under	s 199.032,
17:1	9. Name and Address of Curre	[Z · J	30 08	Florida Statutes 10. Name and Address of Ne	Yes X No		
			B1 Nan		w Registered	Agent	
OLLE,	DENNIS J		20				
OLLE	MACAULAY & ZORRILLA, P.A.		82 Stre	eet Address (P.O. Box Number is Not Acce	otable)		
	OUTH BISCAYNE BLVD., #140	2	83				
MIAMI	FL 33131		84 City			1-1-	
11 Duroupat to	the provisions of Continue COT and		1 1 1 2		FL		Zip Code
or registere	ed agent, or both, in the State of Flo	iz and 607.1508, Florida Statutes, rida. Such change was authorized	, the above-named by the corporation	corporation submits this statement for the noise board of directors. I hereby accept the a	purpose of cl	langing its	registered office
CIOLIATURE	i, and accept the obligations of, Sec	otion 607.0505, Florida Statutes.		accept the	Appointment 8	2 100/2/016	o agent. I am
SIGNATURE _	Signature, typoid or printed name of registered ages	of and trib in applicable. IN OTE	Registered Agent skyren	ire required when reinstating)			
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECT	ORS IN 12
TITLE	PTD	□ DELETE	1. 1 TITLE			Change	
NAME	DAMADIAN, RAYMOND V.		1.2 NAME				
STREET ADDRESS	110 MARCUS DRIVE MELVILLE NY		1.3 STREET ADDRES	is l			
CITY-ST-ZIP TITLE	S S	ΓΊ DELETE	1.4 CITY - ST - ZIP				
NAME	DAMADIAN, TIMOTHY R	□ nerest	2. 1 TITLE			☐ Change	☐ Addition
STREET ADDRESS	110 MARCUS DRIVE		2.2 NAME 2.3 STREET ADDRES				
CITY-ST-ZIP	MELVILLE NY		2.4 CITY-S1-ZIP	55			
TITLE		DÉLETE	3. 1 HILE			Change	Addition
NAME			3.2 NAME			one ide	[] Addition
STREET ADDRESS			3.3. STREET ADDRES	ss			
CITY-ST-ZIP TITLE		- 1	3.4 CITY - ST - ZIP				
NAME		☐ DELETE	4.1 THE			Change	Addition
STREET ADDRESS			4.2 NAME				i
CITY-ST-ZIP			4.3 STREET ADDRESS	§			
TITLE		DELETE	4.4 CHY-ST-ZIP 5 1 THILE				1 4 3 2 9
NAME		-	5.2 NAME		ι	Change	☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS	S			
CITY-ST-ZIP			5.4 CITY - ST-ZIP				
TITLE		☐ DELETE	6 1 TITLE			Change	Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREET ADDRESS	6			
14 Ldo bareby	codife that the late	- Pale all a Pa	6 4 CITY - ST - ZIP	1			

. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or block 13 if changed, or organ attachment with an address.

SIGNATURE: Augustal Dawadan Raymond V. Damadian, President

4/25/96

516-694-2929

Daytime Phone #

CROEGA (12