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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # S05953 (2) FIRST COAST MAGNETIC RESONANCE IMAGING, P.A. Principal Place of Business Mailing Address 3728 PHILLIPS HWY 110 MARCUS DRIVE SUITE 4 STE. 4 JACKSONVILLE FL 32207 US					
US		03		3. Date Incorporated or Qualified 10/15/1990	3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address	. ,	4. FEI Number	Applied For
Suite, Apt. i	V oto	Suite, Apt. #, etc.		59-3029997	Not Applicable
22	Ψ, Θ ιΟ.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	.,	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 221	Country	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes 🔲 No
24	9. Name and Address of Curre	nt Registered Agent	30]	10. Name and Address of New Reg	
11. Pursuant toffice or reagent. I ar	SOUTH BISCAYNE BLVD., #1 MI FL 33131 of the provisions of Sections 607.05 gistered agent, or both, in the Stat in familiar with, and accept the oblig	02 and 607, 1508, Horida State	83 84 City utes, the above-named corpora s authorized by the corpora lorida Statutes.	poration submits this statement for the p tion's board of directors. Thereby accep	FL 85 Zip Code urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typical or printed maker of requirered as		THE Registered Agent signature requ		DATE.
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	DAMADIAN, RAYMOND V.	Ę ji tati it	1.2 NAME		E orlange E radinos
STREET ADDRESS	110 MARCUS DRIVE		1,3 STREET ADORESS		
CITY-ST-ZIP	MELVILLE NY		1.4 CHY - \$1 - ZIP		
TITLE	s Damadian, Timothy R	L_] DELETE	2.1 TILE		Change Addition
NAME STREET ADDRESS	110 MARCUS DRIVE		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MELVILLE NY		2 4 CITY- ST-7IP		
TITLE		[_] DELETE	3.1 1010		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CHY- \$1-7IP		Change Addition
NAME		_	4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS	÷	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CHY - S1 2IP		
TITLE		[] DELETE	5.1 Tilli		Change Addition
NAME CTOCCT ADDRESS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.9 STREET AODRESS . 5.4 CITY+S1-74P		
TITLE		DILETE	6.1 TITLE		Change Addition
NAME			6.5 VYWE		
STREET ADDRESS			6.3 STHEEL ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do hereb information I am an of appears in	y ceruly that the information suppliced in indicated on this annual report or free redirector of the complication of the compl	ed with this tring-does not qua supplemental princial report is a the receiver or hostee empe or on an attachment with an a	ally for the exemption states true and accurate and that owered to execute this repo ddress,	o in Section 119.07(3)(i), Florida Statutos I my signature shall have the same legal r as required by Chapter 607, Florida S	 I rurther certify that the effect as if made under eath; tha tatutes; and that my name

FILED

Apr 16 1997 8:00am

Secretary of State