FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S96441** **(8)**

1. Corporate Name

MEDISCAN, INC.

Principal Place of Business	Mailing Address
10600 N.W. 21 COURT SUNRISE FL 33323	10600 N.W. 21 COURT SUNRISE FL 33323

3. Date Incorporated or Qualified: **11/25/1991**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business
21: 801 So. Federal Hgwy
Suite Apt. etc. 22: 1017
City & State 23: Pompano Beach FL
Zip 24: 33062 Country 25: Broward

2a. Mailing Address
26: 801 So. Federal Hgwy
Suite Apt. # etc. 27: 1017
City & State 28: Pompano Beach, FL
Zip 29: 33062 Country 30: Broward

4. FEI Number: **65-0319353** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FREED, JOEL
10600 N.W. 21 COURT
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 801 So. Federal Hgwy #1017
83
84 City: Pompano Beach **FL** 85 Zip Code: 33062

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joel Freed — Joel Freed — DATE: 1/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	FREED, JOEL	1.2 NAME	
STREET ADDRESS	10600 NW 21ST CT	1.3 STREET ADDRESS	801 So. Federal Hgwy #1017
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	FREED, HARRIET	2.2 NAME	
STREET ADDRESS	10600 NW 21ST CT	2.3 STREET ADDRESS	801 So. Federal Hgwy #1017
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. 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)(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.

SIGNATURE: Joel Freed — 1/29/96 (Date) — (305) 783-6419 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Freed PRESIDENT