

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000560

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90043 014 ***150.00

DOCUMENT # P93000019877

1. Corporation Name DADE COUNTY MAGNETIC RESONANCE IMAGING, P.A.



Principal Place of Business 1535 SAN REMO AVENUE CORAL GABLES FL 33146 US

Mailing Address 110 MARCUS DR. MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/17/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		11-3148876	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24		29		[] \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution	
				[] \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				[] Yes [X] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OLLE, DENNIS J 2601 S BAYSHORE DR MIAMI FL 33133				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	DAMADIAN, RAYMOND V MD	1.2 NAME	
STREET ADDRESS	110 MARCUS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	1.4 CITY-ST-ZIP	
TITLE	S [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	DAMADIAN, TIMOTHY	2.2 NAME	
STREET ADDRESS	110 MARCUS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELVILLE NY 11747	2.4 CITY-ST-ZIP	
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	

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, with all other like empowered.

SIGNATURE: Raymond V. Damadian Date: 4/23/99 Daytime Phone #: (516) 694-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Raymond V. Damadian, President

CR2E034 (11/98)