

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003827 (2)

1. Corporation Name
PYRAMID DIAGNOSTIC SERVICES, INC.

Principal Place of Business	Mailing Address
SUITE 226 5909 SHELBY OAKS MEMPHIS TN 38134	SUITE 226 5909 SHELBY OAKS MEMPHIS TN 38134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/21/1994		3a. Date of Last Report	
2. Principal Place of Business		4. FEI Number 62-1517037	
21	28	Applied For Not Applicable	
Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22	27	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State			
23	28		
Zip	Country		
24	25		
29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RICK D	1.2 NAME	D
STREET ADDRESS	5909 SHELBY OAKS SUITE 226	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38134	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBAKER, DAVID A	2.2 NAME	P, C, D
STREET ADDRESS	5909 SHELBY OAKS SUITE 226	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38134	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, P A	3.2 NAME	
STREET ADDRESS	2800 GRAND, SUITE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64108	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWARD, JAMES R	4.2 NAME	
STREET ADDRESS	2800 GRAND, SUITE 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64108	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, WILLIAM H	5.2 NAME	
STREET ADDRESS	1775 MORIAH WOODS SUITE 5	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	T. S. Cynthia L. Casale
STREET ADDRESS		6.3 STREET ADDRESS	5909 Shelby Oaks, Ste. 226
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Memphis, TN 38134

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia L. Casale Chief Financial Officer 1-17-95 901-377-1930