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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000004418 (8)

1. Corporation Name
MEDICAL SCANNING CONSULTANTS, P.A.



Principal Place of Business
5775 WAYZATA BLVD., STE. 190
ST. LOUIS PARK MN 55416

Mailing Address
5775 WAYZATA BLVD., STE. 190
ST. LOUIS PARK MN 55416-1298

3. Date Incorporated or Qualified 09/12/1995	3a. Date of Last Report 02/21/1996
4. FEI Number 41-1410766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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

TITLE	CP	<input type="checkbox"/> DELETE
NAME	HEITHOFF, KENNETH B M.D.	
STREET ADDRESS	5775 WAYZATA BLVD., STE. 190	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHELLHAS, KURT P M.D.	
STREET ADDRESS	5775 WAYZATA BLVD., STE. 190	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FRITTS, HOLLIS M M.D.	
STREET ADDRESS	5775 WAYZATA BLVD., STE. 190	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GUNDRY, COOPER R M.D.	
STREET ADDRESS	5775 WAYZATA BLVD., STE. 190	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLLEI, STEVEN R M.D.	
STREET ADDRESS	5775 WAYZATA BLVD., STE. 190	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DORWART, ROBERT H M.D.	
STREET ADDRESS	5775 WAYZATA BLVD., STE. 190	
CITY-ST-ZIP	ST. LOUIS PARK MN 55416	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Don Jacobson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)