

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

**FILED**

**May 07 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **F97000001534 (3)**  
1. Corporation Name  
**MEDICAL DIAGNOSTICS, INC. -H 00**



Principal Place of Business: **777 S. FLAGLER DR. #1201-E WEST PALM BEACH FL 33401**  
Mailing Address: **777 S. FLAGLER DR. #1201-E WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>250 S. AUSTRALIAN AVE.</b>		26 <b>250 S. AUSTRALIAN AVE.</b>		03/25/1997	
22 <b>9th FLOOR</b>		27 <b>9th FLOOR</b>		4. FEI Number	
23 <b>WEST PALM BEACH, FL</b>		28 <b>WEST PALM BEACH, FL</b>		22-3388047	
24 <b>33401</b>		29 <b>33401</b>		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				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 re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD PAUL, JOSEPH A 777 S. FLAGLER DR., #1201-E WEST PALM BEACH FL 33401	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> <b>PRES/CEO</b>
STREET ADDRESS		1.2 NAME	<b>JOSEPH A. PAUL</b>
CITY-ST-ZIP		1.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>
TITLE	VSCF SHAW, PAUL A 777 S. FLAGLER DR., #1201-E WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
STREET ADDRESS		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
NAME		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> <b>V PRES/CEO</b>
CITY-ST-ZIP		3.2 NAME	<b>WAYNE MOOR</b>
TITLE		3.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>
NAME		3.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
STREET ADDRESS		4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> <b>SEC</b>
CITY-ST-ZIP		4.2 NAME	<b>FRANCIS J. HARKINS JR</b>
TITLE		4.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>
NAME		4.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
STREET ADDRESS		5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> <b>CO-CHAIR/DIRECTOR</b>
CITY-ST-ZIP		5.2 NAME	<b>LE RICHEY</b>
TITLE		5.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>
NAME		5.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
STREET ADDRESS		6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> <b>CO-CHAIR/DIRECTOR</b>
CITY-ST-ZIP		6.2 NAME	<b>KEITH HARTLEY</b>
TITLE		6.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>
NAME		6.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
STREET ADDRESS			
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.

SIGNATURE: *[Signature]* **WAYNE MOOR 4/10/98 561-832-1766**

CR2E034 (10/97)