

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

**FILED**

**Feb 04 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 # H21692 (9)**  
1. Corporation Name  
**DIGITAL DIAGNOSTIC CORPORATION**



Principal Place of Business: **% C T CORPORATION SYSTEM 1200 SO PINE ISLD RD PLANTATION FL 33324 US**  
Mailing Address: **% C T CORPORATION SYSTEM 1200 SO PINE ISLD RD PLANTATION FL 33324-4413 US**

3. Date Incorporated or Qualified: **09/19/1984**  
3a. Date of Last Report: **07/09/1996**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-2486265**  
Applied For:  Not Applicable:

Suite, Apt #, etc.: **22**  
Suite, Apt #, etc.: **27**

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

City & State: **23**  
City & State: **28**

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

Zip: **24** Country: **25**  
Zip: **29** Country: **30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEARNS, EDWARD	
STREET ADDRESS	1020 SHERMAN AVE	
CITY-ST-ZIP	HAMDEN CT	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOTYKA, JAMES	
STREET ADDRESS	12 FERN STREET	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	UKRAINCIIK, KRESO	
STREET ADDRESS	9 CHESTNUT CT	
CITY-ST-ZIP	CROMWELL CT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRUMBLY, BETTY JO	
STREET ADDRESS	48 WADE STREET	
CITY-ST-ZIP	WEST HAVEN CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Edward G Kearns 1/23/97 (203) 288-9444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)