

\*\*\*AMENDED\*\*

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

FILED

98 AUG 19 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L31819 (0)**  
 1. Corporation Name  
**DATASCAN OF FLORIDA, INC.**

Principal Place of Business <b>2301 W. Sample Rd.          Bldg. 4, Suite 2A          Pompano Bch, FL 33073</b>	Mailing Address <b>5100 Town Center Circle          Suite 560          Boca Raton, FL 33486</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>11/27/1989</b>	
<b>4. FEI Number</b> <b>65-0160625</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

81 Name	<b>Metropolitan Health Networks, Inc.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5100 Town Center Circle, Ste 560</b>		
83			
84 City	<b>Boca Raton</b>	85 Zip Code	<b>FL 33486</b>

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, am familiar with, and accept the obligations of Section 607.0506, Florida Statutes.

**Metropolitan Health Networks, Inc.**  
 SIGNATURE: Donald B. Cohen **Donald B. Cohen, CEO** August 18, 1998  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Goldstein, Michael</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Hall, Kenneth J.</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Goldstein, Michael</b>
13 STREET ADDRESS	<b>5100 Town Center Circle, Ste 560</b>
14 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Hall, Kenneth J.</b>
23 STREET ADDRESS	<b>5100 Town Center Circle, Ste 560</b>
24 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>D Cohen, Donald B.</b>
33 STREET ADDRESS	<b>5100 Town Center Circle, Ste 560</b>
34 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	<b>VT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Beckett, Daniel</b>
43 STREET ADDRESS	<b>5100 Town Center Circle, Ste 560</b>
44 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>D Guillama, Noel J.</b>
53 STREET ADDRESS	<b>5100 Town Center Circle, Ste 560</b>
54 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>300002621513--4</b>
63 STREET ADDRESS	<b>-08/28/98--0182--011</b>
64 CITY-ST-ZIP	<b>*****6.250 *****61.25</b>

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 provided 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: Donald B. Cohen Donald B. Cohen, Director**

CR2E034 (10/97)