


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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 98 NOV 10 AM 11:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L31819 (0)
 1. Corporation Name
DATASCAN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2301 W. Sample Rd. Bldg. 4, Suite 2A Pompano Bch, FL 33073	5100 Town Center Circle Suite 560 Boca Raton, FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	Applied For
11/27/1989	Not Applicable
4. FEI Number	Applied For
65-0160625	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

Metropolitan Health Networks, Inc.
 5100 Town Center Circle, Ste 560
 Boca Raton, FL 33486

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	200002687552--4
83	-11/16/98--01004--002
84 City	*****61-25 FL 85 ZIP CODE 61-25

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. **Metropolitan Health Networks, Inc.**
 SIGNATURE: Donald B. Cohen **Donald B. Cohen, CFO November 4, 1998**
Signature, typed or printed name of registered agent if Form 1 applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	Goldstein, Michael	
STREET ADDRESS	5100 Town Center Cir., Ste 560	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	Hall, Kenneth J.	
STREET ADDRESS	5100 Town Center Cir., Ste 560	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Cohen, Donald B.	
STREET ADDRESS	5100 Town Center Cir., Ste 560	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	Beckett, Daniel	
STREET ADDRESS	5100 Town Center Cir., Ste 560	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Guillama, Noel J.	
STREET ADDRESS	5100 Town Center Cir., Ste 560	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Goldstein, Michael	
13 STREET ADDRESS	5100 Town Center Circle, Ste 560	
14 CITY-ST-ZIP	Boca Raton, FL 33486	
21 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Shroeder, Sharon	
23 STREET ADDRESS	5100 Town Center Circle, Ste 560	
24 CITY-ST-ZIP	Boca Raton, FL 33486	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Donald B. Cohen **Donald B. Cohen, Director**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)