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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L31819**

1. Corporation Name
DATASCAN OF FLORIDA, INC.



Principal Place of Business
**2301 W. SAMPLE RD.
 BLDG. 4 SUITE 2A
 POMPANO BEACH FL 33073
 US**

Mailing Address
**5100 TOWN CENTER CIRCLE, STE. 560
 BOCA RATON FL 33486
 US**

DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified
11/27/1989

4. FEI Number
65-0160625 Applied For Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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
Guillama, Noel J.
 82 Street Address (P.O. Box Number is Not Acceptable)
Same
 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 *Noel J. Guillama* **Noel J. Guillama** 4-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, MICHAEL	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, STE. 560	
CITY-ST-ZIP	POMPANO BEACH FL 33486	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SHROEDER, SHARON	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, STE. 560	
CITY-ST-ZIP	POMPANO BEACH FL 33486	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, DONALD B	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, STE. 560	
CITY-ST-ZIP	POMPANO BEACH FL 33486	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUILLAMA, JOEL J	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, STE. 560	
CITY-ST-ZIP	POMPANO BEACH FL 33486	
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

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Guillama, Noel J.	
1.3 STREET ADDRESS	5100 Town Center Circle, Ste 560	
1.4 CITY-ST-ZIP	Boca Raton, FL 33486	
2.1 TITLE	V/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schroeder, Sharon	
2.3 STREET ADDRESS	5100 Town Center Circle, Ste 560	
2.4 CITY-ST-ZIP	Boca Raton, FL 33486	
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 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, with all other like empowered.

SIGNATURE: *Noel J. Guillama* **Noel J. Guillama** 4-7-99 561-416-9484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)