

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

PROFIT CORPORATION ANNUAL REPORT 1999 Amended



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

FILED

99 JUN 21 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #L31819

1. Corporation Name

DATASCAN OF FLORIDA, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1989

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0160625	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Country		<input type="checkbox"/>	
23	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip	30	Country		<input type="checkbox"/>	
24	Country	31	Country	8	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip					

9. Name and Address of Current Registered Agent

Noel J. Guillama
Metropolitan Health Networks, Inc.
5100 Town Center Circle, Suite 560
Boca Raton, Florida 33486

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.0501, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Noel J. Guillama* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guillama, Noel J.	1.2 NAME	
STREET ADDRESS	5100 Town Center Circle, Ste 560	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33486	1.4 CITY-ST-ZIP	
TITLE	V/D/T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schroeder, Sharon	2.2 NAME	
STREET ADDRESS	5100 Town Center Circle, Ste 560	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33486	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guillama, Joel J.	3.2 NAME	
STREET ADDRESS	5100 Town Center Cir., Suite 560	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33486	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 6-8-99 561-416-9484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (11/98)