

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

FILED
Jan 24 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 # P94000008128 (8)

1. Corporation Name
OSCEOLA IMAGING CENTER, INC.



Principal Place of Business

**711 E. OSCEOLA STREET
 SUITE 225
 STUART FL 34994
 US**

Mailing Address

**13005 SR 80
 SUITE 225
 LOXAHATCHEE FL 33470-9272
 US**

3. Date Incorporated or Qualified
01/21/1994

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

30 Country

4. FEI Number
65-0480409

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 has liability for intangible tax under s. 199.032,
 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MENKAUS, DAVID J
 4800 N. FEDERAL HIGHWAY
 STE. 210-A
 BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> DELETE
NAME	DEWAR, DONALD	
STREET ADDRESS	13005 SR 80 #225	
CITY - ST - ZIP	LOXAHATCHEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUBER, JONATHAN	
STREET ADDRESS	13005 SR 80 #225	
CITY - ST - ZIP	LOXAHATCHEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BAUMEL, ERIC	
STREET ADDRESS	13005 SR 80 #225	
CITY - ST - ZIP	LOXAHATCHEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PELAEZ, JUAN	
STREET ADDRESS	13005 SR 80 #225	
CITY - ST - ZIP	LOXAHATCHEE F	
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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97 (561) 795-6921

Date Daytime Phone #

CR2E034 (9/96)