

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandhya B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000022238 (8)**

1. Corporation Name

CONCEPT MEDICAL DIAGNOSTIC CENTER, INC.

Principal Place of Business

**2290 10TH AVE. NORTH
STE 100
LAKE WORTH FL 33461
US**

Mailing Address

**2290 10TH AVE. NORTH
STE 100
LAKE WORTH FL 33461
US**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MCCRACKEN, JOHN B
505 S FLAGLER DR
WEST PALM BEACH FL 33401-3475**

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 607.0617 and 607.0618, Florida Statutes, the above named corporation hereby certifies 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, hereby appoint the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0617, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

**PD
GUNN, DALE W
515 S COUNTY ROAD
PALM BEACH FL 33480**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**SD
MILLER, BRYAN W JR
1840 W 49 ST #234
HIALEAH FL 33017**

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**TD
KEIPPER, WARREN C JR
11625-A WINCHESTER DR
PALM BEACH GARDENS FL 33410**

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**D
WISE, FRANK
1840 W 49TH ST #234
HIALEAH FL 33017**

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