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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

POCUMENT # P94000010430 (4)

	1997 MENT # P0400	200104	DIVISION OF	ary of State CORPORATIONS	Secreta	ry of S	tate
POCUMENT # P94000010430 (4) ZLC DIAGNOSTIC & MEDICAL SERVICES, INC.							
Principal Place of Business Mailing Address 1309 SAXON BLVD. P.O. BOX 377 DELAND FL 32721-0377						IL Uulu i iluii uulii iligaa iii	
ORANGE CITY		1.00-14.00			3. Date Incorporated or Qualified 02/01/1994	3a. Date of Last I 10/30/1996	
2. Principal P	Place of Business	<u>}</u>	ng Address		4. FÉI Number	h+-	pplied For
Suite, Apt.	#, etc.	26 Suite.	, Apt. #, etc.		59-3223769 5. Certificate of Status Desired	\$8.75	lot Applica Additional Required
City & Stat	6	City &	& State		6. Election Campaign Financing		May Be
710	Country	28 Zin	·	Country	Trust Fund Contribution		to Fees
Zip (4)	Country	Zip 29	•	Country 30	This corporation has liability for Florida Statutes	intangible tax under: X Yes No	s. 199.032
<u> </u>	9. Name and Address of Cu		Agent	1991	10. Name and Address of New Re		
	TE 10 INGE CITY FL 32763			83			
ORA	INGE CITY FL 32763	.0502 and 607.150 State of Florida Su obligations of, Secti	08, Florida Statu ch change was ion 607.0505, Fl	84 City	poration submits this statement for the pation's board of directors. I hereby acce		Code its register s register
ORA	INGE CITY FL 32763			84 City	poration submits this statement for the pation's board of directors. I hereby accelured when renstating)		
11. Pursuant office or ragent. I s	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o		able (NO	84 City les, the above-named cor authorized by the corporatorida Statutes.		DATE DATE CERS AND DIRECTO	its registere s registere
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Information Indicated on this annual report or supplied which are interested in Section 119.07(3)(i). Florida Statules, if 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 atlachment with an address. R. SIGNATURAL HE CHIPMESTO ENT

FILED

May 13 1997 8:00am