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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300 1. Corporation Name DIAGNOSTIC HEALTH CORPORA			£ 100(100 1)10 10100 41H1 00(11 00)11 001H	### ## ###############################
Principal Place of Business	Mailing Address		I (\$0.000)(10.000)(10.000)	Effi ABfil Aptel
ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	P.O. BOX 380546 BIRMINGHAM AL 3523	8	DO NOT WRITE IN T	HIS SPACE
			3. Date Incorporated or Qualifed 02/18/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 63-1059483	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.7 Fe
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5. Add
Zip Country	Zip	Country 30	This corporation owes the current yea Personal Property Tax.	r Intangible [X️] Yes
24 25 9. Name and Address of Cu		1301	10. Name and Address of New Register	red Agent
	KUMPA ITA	81	Name Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		83		
		84		FL 85
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S agent. I am familiar with, and accept the ol			 -named corporation submits this statement for the purpos the corporation's board of directors. I hereby accept the a 	e of changin ppointment
SIGNATURE Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered Agent	signature required when reinstating)	
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRE

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90020 018 ***150.00



DO NOT WRITE	IN THIS	SPACE

Applied For Not Applicable \$8.75 Additional

Fee Required **\$5.00** May Be

Added to Fees

□No

PLANTATION PL 33324 83 64 61/y FL 85 ZD Code 67.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,805, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,805, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,805, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both appointment as			61	Name			Į.	
PLANTATION FL 33324. 84 City FL 85 Zip Code 11. Fluquant 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 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. SIGNATUR SI	C T CORPORATION SYSTEM			82	Street Address (P.O. Box Number is Not Acceptable)			
Section Part	PLAN	TATION FL 33324		83				
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NAME STREET ADDRESS ONE HEALTHSOUTH PARKWAY STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL 35243 CITY-ST-ZIP STREET ADDRESS ONE HEALTHSOUTH PARKWAY ARTIN, MICHAEL D STREET ADDRESS ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 CITY-ST-ZIP BIRMINGHAM AL 35243 CITY-ST-ZIP BIRMINGHAM AL 35243 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualfy 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 indicated on this annual report or supplemental annual report is true and executate this report as required by Chapter 607, Florida Statutes; and that my name appears in			☐ DELETE	5.1 TITLE			Change	☐ Addition
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