


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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003193 (0)**

1. Corporation Name
MEDCATH DIAGNOSTICS, INC.



Principal Place of Business 7621 LITTLE AVE. STE. 106 CHARLOTTE NC 28226	Mailing Address 7621 LITTLE AVE. STE. 106 CHARLOTTE NC 28226
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 56-1738601		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES W	1.2 NAME	
STREET ADDRESS	7621 LITTLE AVE. STE 106	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28226	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTMORELAND, KIM D	2.2 NAME	
STREET ADDRESS	7621 LITTLE AVE. STE 106	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28226	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELONGIA, DANIEL L	3.2 NAME	
STREET ADDRESS	7621 LITTLE AVE. STE 106	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28226	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCKETT, STEVEN R	4.2 NAME	V/D
STREET ADDRESS	7621 LITTLE AVE. STE 106	4.3 STREET ADDRESS	PUCKETT, STEVEN R.
CITY-ST-ZIP	CHARLOTTE NC 28226	4.4 CITY-ST-ZIP	(REMAINS UNCHANGED)
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARN, THOMAS	5.2 NAME	
STREET ADDRESS	7621 LITTLE AVE. STE 106	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28226	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, DAVID	6.2 NAME	S
STREET ADDRESS	7621 LITTLE AVE. STE 106	6.3 STREET ADDRESS	RICHARD J. POST
CITY-ST-ZIP	CHARLOTTE NC 28226	6.4 CITY-ST-ZIP	7621 LITTLE AVE, STE 106 CHARLOTTE, NC 28226

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.

SIGNATURE:

Richard J. Post 2/1/98 (704) 541-3228

CR2E034 (10/97)