FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 16 PM 4:09

DOCUMENT # F95000002811

1. Corporation Name

US DIAGNOSTIC INC. (formerly U.S. DIAGNOSTIC LABS INC.)

Principal Place of Business | Mailing Address

(cus)

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 777 South Flagler Drive	26 777 South Flagler Drive
Suite, Apt. #, etc: 22 Suite 1006-W	Suite, Apt. #, etc: 27 Suite 1006-W
City & State: 23 West Palm Beach, Florida	City & State: 28 West Palm Beach, Florida
Zip: 24 33401 Country: 25 USA	Zip: 29 33401 Country: 30 USA

4. FEI Number: 11-3164389 — Applied For / Not Applicable

5. Certificate of Status Desired [x] — $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 [x] No

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

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

200001984522--9
-10/23/96--01011--018
****233.75 FL ****233.75

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/D	[x] DELETE
NAME	Robert D. Burke, M.D.	
STREET ADDRESS	777 South Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	[X] DELETE
NAME	Andrew J. Anello	
STREET ADDRESS	777 South Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	[x] DELETE
NAME	William M. Harper, IV	
STREET ADDRESS	777 South Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	[X] DELETE
NAME	Steven Novom, M.D.	
STREET ADDRESS	777 South Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Diss. 6/23/96 w/ided proper notice not received.	[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/CEO	[x] Change [ ] Addition
1.2 NAME	Jeffrey A. Goffman	
1.3 STREET ADDRESS	777 South Flagler Drive	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	EV/GC/S/D	[X] Change [ ] Addition
2.2 NAME	Michael D. Karsch, Esq.	
2.3 STREET ADDRESS	777 South Flagler Drive	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
3.1 TITLE	D	[ ] Change [x] Addition
3.2 NAME	C. Keith Hartley	
3.3 STREET ADDRESS	777 South Flagler Drive	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	D	[ ] Change [x] Addition
4.2 NAME	Laurans Mendelson	
4.3 STREET ADDRESS	777 South Flagler Drive	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
5.1 TITLE	P/D	[ ] Change [X] Addition
5.2 NAME	Joseph Paul	
5.3 STREET ADDRESS	777 South Flagler Drive	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
6.1 TITLE	SrV	[ ] Change [X] Addition
6.2 NAME	David Cohen	
6.3 STREET ADDRESS	777 South Flagler Drive	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael Karsch — 10/14/96 — (561) 832-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(SP 10/16/96)

US Diagnostic Inc.

October 16, 1996

BY FAX (904) 487-6013
Susan Payne
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Re : US Diagnostic Inc.

Dear Ms. Payne:

With respect to the Annual Report filed on October 15, 1996 on behalf of US Diagnostic Inc., please be advised that such report was not timely filed because the Company did not receive the required information. Accordingly, please waive the reinstatement fee.

Very truly yours,

Michael D. Karsch
Executive Vice President
and General Counsel