


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

FILED

Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F96000001365 (3)</b> 1. Corporation Name <b>STERLING DIAGNOSTIC IMAGING, INC.</b>		



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>10 SOUTH ACADEMY STREET P.O. BOX 19048 GREENVILLE SC 29602-9048</b>	Mailing Address <b>10 SOUTH ACADEMY STREET P.O. BOX 19048 GREENVILLE SC 29602-9048</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/18/1996</b>	4. FEI Number <b>51-0372089</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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10. Name and Address of New Registered Agent
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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		<input type="checkbox"/> DELETE
TITLE	P	
NAME	WOLFORD, G. RODNEY	
STREET ADDRESS	10 S. ACADEMY ST.	
CITY - ST - ZIP	GREENVILLE SC 29601	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WAASER, R. ERNEST	
STREET ADDRESS	10 S. ACADEMY ST.	
CITY - ST - ZIP	GREENVILLE SC 29601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DE MAYNADIER, PATRICK	
STREET ADDRESS	10 S. ACADEMY ST.	
CITY - ST - ZIP	GREENVILLE SC 29601	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HEAPS, JOHN R	
STREET ADDRESS	10 S. ACADEMY ST.	
CITY - ST - ZIP	GREENVILLE SC 29601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OEHMIG, WILLIAM C	
STREET ADDRESS	10 S. ACADEMY ST.	
CITY - ST - ZIP	GREENVILLE SC 29601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, T. HUNTER	
STREET ADDRESS	10 S. ACADEMY ST.	
CITY - ST - ZIP	GREENVILLE SC 29601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	DIRECTOR.	
1.2 NAME	DUTY, Bruce.	
1.3 STREET ADDRESS	10 S. Academy Street	
1.4 CITY - ST - ZIP	Greenville, S.C. 29601	
2.1 TITLE	DIRECTOR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUCHSINGER, John	
2.3 STREET ADDRESS	10 S. Academy Street	
2.4 CITY - ST - ZIP	Greenville, S.C. 29601	
3.1 TITLE	DIRECTOR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Abbot, David	
3.3 STREET ADDRESS	10 S. Academy Street	
3.4 CITY - ST - ZIP	Greenville, S.C. 29601	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stoeve, Gene	
4.3 STREET ADDRESS	10 S. Academy Street	
4.4 CITY - ST - ZIP	Greenville, S.C. 29601	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wolford Rod	
5.3 STREET ADDRESS	10 S. Academy Street	
5.4 CITY - ST - ZIP	Greenville, S.C. 29601	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: *[Signature]*

1/9/98 864-421-1900

CR2E034 (10/97)