

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 # F96000001365

1. Corporation Name

STERLING DIAGNOSTIC IMAGING, INC.

Principal Place of Business

**10 SOUTH ACADEMY STREET
P.O. BOX 19048
GREENVILLE SC 29602-9048**

Mailing Address

**10 SOUTH ACADEMY STREET
P.O. BOX 19048
GREENVILLE SC 29602-9048**

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90108 040 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1996

4. FEI Number

51-0372089

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.



Yes



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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	<input type="checkbox"/> DELETE
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

1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Doty, Bruce		
1.3 STREET ADDRESS	10 S. Academy St		
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	Luchsing, John		
2.3 STREET ADDRESS	10 S. Academy St		
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	Abbott, David		
3.3 STREET ADDRESS	10 S. Academy St		
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	Stoever, Gene		
4.3 STREET ADDRESS	10 S. Academy St - Greenville, S.C.		
4.4 CITY-ST-ZIP	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 St - Greenville, S.C.		
5.4 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 864-421-1900
Date Daytime Phone #

CR2E034 (1/98)