

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002559 (0)

1. Corporation Name  
DIAGSOFT, INC.

Principal Place of Business 6200 COURTNEY CAMPBELL CSWY., #320 TAMPA FL 33607	Mailing Address 6200 COURTNEY CAMPBELL CSWY., #320 TAMPA FL 33607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 NORTH TAMPA STREET Suite, Apt. #, etc. 22 SUITE 1600 City & State 23 TAMPA FL Zip 24 33602		2a. Mailing Address 26 100 NORTH TAMPA STREET Suite, Apt. #, etc. 27 SUITE 1600 City & State 28 TAMPA FL Zip 29 33602		3. Date Incorporated or Qualified 05/22/1996		3a. Date of Last Report	
				4. FEI Number 77-0168588		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				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 GORDON, JONATHAN 6200 COURTNEY CAMPBELL CSWY., #320 TAMPA FL 33607		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100 NORTH TAMPA STREET, SUITE 1600 83 TAMPA 84 City FL 85 Zip Code 33602	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, KRYSTLE	1.2 NAME	
STREET ADDRESS	5815 SCOTTS VALLEY DR., #140	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTS VALLEY CA 95066	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIFIELD, EDWARD	2.2 NAME	
STREET ADDRESS	5815 SCOTTS VALLEY DR., #140	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTS VALLEY CA 95066	2.4 CITY-ST-ZIP	
TITLE	DC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, GORDON H	3.2 NAME	
STREET ADDRESS	5815 SCOTTS VALLEY DR., #140	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTS VALLEY CA 95066	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JONATHAN	4.2 NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY., #320	4.3 STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 1600
CITY-ST-ZIP	TAMPA FL 33607	4.4 CITY-ST-ZIP	TAMPA FL 33602
TITLE	SEE ATTACHED LIST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)

**CORPORATE EXECUTIVE OFFICERS  
OF  
DIAGSOFT, INC.**

<b><u>NAME</u></b>		<b><u>ADDRESS</u></b>
Jonathan Gordon	President	100 N. Tampa Street, Suite 1600, Tampa, FL 33602
Scott J. Bendert	Vice President of Finance and Treasurer	100 N. Tampa Street, Suite 3900, Tampa, FL 33602
Margery Bass	Secretary	100 N. Tampa Street, Suite 3900, Tampa, FL 33602

**CORPORATE DIRECTORS  
OF  
DIAGSOFT, INC.**

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
Scott J. Bendert	100 N. Tampa Street, Suite 3900, Tampa, FL 33602
John L. Crites, Jr.	100 N. Tampa Street, Suite 3900, Tampa, FL 33602
David E. Garner	100 N. Tampa Street, Suite 3900, Tampa, FL 33602