

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

FILED
May 01 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 # F96000003220 (8)

1. Corporation Name
NATIONAL MEDICAL DIAGNOSTICS, INC.

Principal Place of Business 4925 GALAXY PKWY., STE. U CLEVELAND OH 44126	Mailing Address P.O. BOX 2216 SCHENECTADY NY 12301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 06/25/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 34-1547857		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	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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD DUNHAM, THOMAS E 3000 N GRANDVIEW BLVD WAUKESHA WI 53188	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	SEE ATTACHED LIST
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CPD DALTON, A. RAY 4925 GALAXY PARKWAY, STE. U CLEVELAND OH 44128	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD GEMMILL, CRAIG R 4925 GALAXY PARKWAY, STE. U CLEVELAND OH 44128	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD KLEIN, ROBERT H JR. 3000 N. GRANDVIEW BLVD. WAUKESHA WI 53188	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D FOSTER, GARY F 3000 N. GRANDVIEW BLVD. WAUKESHA WI 53188	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	D KELLETT, STEPHEN T 101 WESTPARK DR., STE. 280 BRENTWOOD TN 37027	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 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: _____

MARK E. BUCHANAN VP & ASST. TREAS 518 433-4308

CP2E034 (10/97)

For Year: 1997

1/5/98

100056

National Medical Diagnostics, Inc.
341547857

Name	Title	Business Address
A. Ray Dalton	Director	4925 Galaxy Pkwy. Cleveland OH 44128
Thomas A. Durham	Director	3000 N. Grandview Blvd. Waukesha WI 53188
Thomas A. Durham	Chairman of the Board	3000 N. Grandview Blvd. Waukesha WI 53188
Gary F. Foster	Director	3000 N. Grandview Blvd. Waukesha WI 53188
Craig R. Gemmill	Director	4925 Galaxy Pkwy. Cleveland OH 44128
Joseph Harlan	Director	3000 N. Grandview Blvd. Waukesha WI 53188
Stephen T. Kellett	Director	101 Westpark Drive, Suite 280 Brentwood TN 37027
Robert H. Klein, Jr.	Director	3000 N. Grandview Blvd. Waukesha WI 53188
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
A. Ray Dalton	Chief Executive Officer	4925 Galaxy Pkwy. Cleveland OH 44128
A. Ray Dalton	President	4925 Galaxy Pkwy. Cleveland OH 44128
Craig R. Gemmill	Executive Vice President	4925 Galaxy Pkwy. Cleveland OH 44128
Robert H. Klein, Jr.	Secretary	3000 N. Grandview Blvd. Waukesha WI 53188
Charles A. Koch	Assistant Secretary	4925 Galaxy Pkwy. Cleveland OH 44128