

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

**FILED**

**May 07 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000001534 (3)**  
 1. Corporation Name  
**MEDICAL DIAGNOSTICS, INC. -H 00**

Principal Place of Business <b>777 S. FLAGLER DR. #1201-E WEST PALM BEACH FL 33401</b>	Mailing Address <b>777 S. FLAGLER DR. #1201-E WEST PALM BEACH FL 33401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>250 S. AUSTRALIAN AVE.</b> Suite, Apt. #, etc. 22 <b>9th FLOOR</b> City & State 23 <b>WEST PALM BEACH, FL</b> Zip 24 <b>33401</b>		2a. Mailing Address 26 <b>250 S. AUSTRALIAN AVE.</b> Suite, Apt. #, etc. 27 <b>9th FLOOR</b> City & State 28 <b>WEST PALM BEACH, FL</b> Zip 29 <b>33401</b>		3. Date Incorporated or Qualified <b>03/25/1997</b>		4. FEI Number <b>22-3388047</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. 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		<b>\$8.75 Additional Fee Required</b>		<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				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		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSD</b>	NAME <b>PAUL, JOSEPH A</b>	1.1 TITLE <b>PRES/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>777 S. FLAGLER DR., #1201-E</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>	1.2 NAME <b>JOSEPH A. PAUL</b>	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>	
		1.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
TITLE <b>VSCF</b>	NAME <b>SHAW, PAUL A</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>777 S. FLAGLER DR., #1201-E</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>	2.2 NAME	
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE <b>VPRES/CO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME <b>WAYNE MOOR</b>	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>	
		3.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
TITLE	NAME	4.1 TITLE <b>SEC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME <b>FRANCIS J. HARKINS JR</b>	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>	
		4.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
TITLE	NAME	5.1 TITLE <b>CO-CHAIR/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME <b>LE RICHEY</b>	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>	
		5.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	
TITLE	NAME	6.1 TITLE <b>CO-CHAIR/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME <b>KEITH HARTZEL</b>	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS <b>250 S. AUSTRALIAN AVE, 9th FLOOR</b>	
		6.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	

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]* **WAYNE MOOR** 4/10/98 561-832-1766

CR2E034 (10/97)