

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mathison
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G61109 (6)
 1. Corporation Name
COMPREHENSIVE READING AND DIAGNOSTIC CENTER, INC

Principal Place of Business
**2245 N COURTENAY PKWY
 MERRITT ISLAND FL 32953
 US**

Mailing Address
**P.O. BOX 541150
 MERRITT ISLAND FL 32954-1150
 US**



| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | State, Apt. #, etc. | 27 | State, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 09/23/1983 | 04/21/1995 |
| 4. FEI Number | Applied For |
| 59-2339573 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**PEARCE, LEWIS R. ESQ
 2255 N. COURTENAY PKWY.
 MERRITT ISLAND FL 32953**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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, Sections 607.0504, Florida Statutes.

SIGNATURE _____
 Statewide performance bond required for this filing.

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KILBOURN, RHODA J. | |
| STREET ADDRESS | 2245 N. COURTENAY PKWY. | |
| CITY-STATE-ZIP | MERRITT ISLAND FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | KILBOURN, JOHN H | |
| STREET ADDRESS | 2245 N. COURTENAY PKWY. | |
| CITY-STATE-ZIP | MERRITT ISLAND FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 13 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13 STREET ADDRESS | |
| 14 CITY-STATE-ZIP | |
| 15 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME | |
| 17 STREET ADDRESS | |
| 18 CITY-STATE-ZIP | |
| 19 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME | |
| 21 STREET ADDRESS | |
| 22 CITY-STATE-ZIP | |
| 23 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 NAME | |
| 25 STREET ADDRESS | |
| 26 CITY-STATE-ZIP | |
| 27 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28 NAME | |
| 29 STREET ADDRESS | |
| 30 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.073(3)(c), Florida Statutes. I further certify 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 addition row with an address.

SIGNATURE: *John H Kilbourn*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
**VICE PRESIDENT
 JOHN H KILBOURN**

4-16-96 4074591005

CR2E084 (12/95)