

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

FILED
Apr 30 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # G61109 (6)
 T. Corporation Name
COMPREHENSIVE READING AND DIAGNOSTIC CENTER, INC



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|--|---|
| 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 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---|--|---|--|--|---|--|
| 2. Principal Place of Business 21 450 SABAL AV Suite, Apt. #, etc. 22 City & State 23 MERRITT ISLAND FL Zip Country 24 32953 25 BREVARD | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | | 3. Date Incorporated or Qualified 09/23/1983 | 4. FEI Number 59-2339573 | Applied For <input type="checkbox"/> 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 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 607.1508, 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 reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|-------------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | KILBOURN, RHODA J. | 1.2 NAME | KILBOURN RHODA J |
| STREET ADDRESS | 2245 N. COURTENAY PKWY. | 1.3 STREET ADDRESS | 450 SABAL AV |
| CITY-ST-ZIP | MERRITT ISLAND FL | 1.4 CITY-ST-ZIP | MERRITT ISLAND FL 32953 |
| TITLE | VD | 2.1 TITLE | VD |
| NAME | KILBOURN, JOHN H | 2.2 NAME | KILBOURN JOHN H |
| STREET ADDRESS | 2245 N. COURTENAY PKWY. | 2.3 STREET ADDRESS | 450 SABAL AV |
| CITY-ST-ZIP | MERRITT ISLAND FL | 2.4 CITY-ST-ZIP | MERRITT ISLAND FL 32953 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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.

CR2E034 (10/97)