

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 # H23612 (5)
1. Corporation Name
DIAGNOSTIC IMAGING SYSTEMS, INC.



Principal Place of Business 914 NEW LAKES DR. BOYNTON BEACH FL 33426 US	Mailing Address 914 NEW LAKES DR. BOYNTON BEACH FL 33426 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1170-B SUMMIT TRAILS CIRCLE Suite, Apt. # etc. 22 WEST PALM BEACH City & State 23 33415 Zip 24 US FL		2a. Mailing Address 26 1170-B SUMMIT TRAILS CIRCLE Suite, Apt. # etc. 27 WEST PALM BEACH City & State 28 33415 Zip 29 US FL		3. Date Incorporated or Qualified 10/02/1984	
				4. FEI Number 59-2466383	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Trust Fund Contribution <input type="checkbox"/>	
				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 GREEN, SHANNON 914 NEW LAKE DR. BOYNTON BEACH FL 33426		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City WEST PALM BEACH FL 85 Zip 33415	
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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 *Shannon Green* SHANNON GREEN DATE 4/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	GREEN, SHANNON M.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	914 NEW LAKE DR. BOYNTON BEACH FL	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	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: *X* *Shannon Green* *4/24/98*

CR2E034 (10/97)