FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H47927 (9)

1. Corporation Name
PRIME CARE DIAGNOSTIC, INC.

500001490245
-05/17/95--01031--004
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3872 OAKWATER CR ORLANDO FL 32806	3872 OAKWATER CR ORLANDO FL 32806

3. Date Incorporated or Qualified: 03/19/1985
3a. Date of Last Report: 04/06/1994

4. FEI Number: 59-2543454 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 c/o Foley & Lardner	26 c/o Foley & Lardner
Suite, Apt. #, etc. 22 111 N Orange Ave, Suite 1800	Suite, Apt. #, etc. 27 111 N Orange Ave., Suite 1800
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip 24 32801 / Country 25 Orange	Zip 29 32801 / Country 30 Orange

9. Name and Address of Current Registered Agent

JACOBSON, CHARLES J.
3872 OAKWATER CR.
ORLANDO FL 32806-3263

10. Name and Address of New Registered Agent

81 Name: Peter G. Latham
82 Street Address (P.O. Box Number is Not Acceptable): 111 N Orange Avenue, Suite 1800
83
84 City: Orlando FL 85 Zip Code: 32801

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: Peter G. Latham — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE: 5-1-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JANOVITZ, RICHARD H. M.D
STREET ADDRESS	2876 S. OSCEOLA AVE.
CITY ST ZIP	ORLANDO FL
TITLE	DS
NAME	SANBORN, ALDEN
STREET ADDRESS	100 W. GORE ST.
CITY ST ZIP	ORLANDO FL
TITLE	DT
NAME	COTTRELL, C.RAYMOND
STREET ADDRESS	3885 OAKWATER CRCL.
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	MOSKOWITZ, GEORGE
STREET ADDRESS	44 N.STURTEVANT AVE.
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	LATHAM, J.MICHAEL
STREET ADDRESS	1107 LUCERNE TERR.
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	DP	[ ] Change [X] Addition
1 2 NAME	Newberg, Neil R, M.D.	
1 3 STREET ADDRESS	601 East Colonial Drive	
1 4 CITY ST ZIP	Orlando, Florida 32806	
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Neil R. Newberg, MD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 5/1/95 — Daytime Phone #

NEIL R. NEWBERG, M.D.

0087983 CP