

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

FILED
May 13 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 # **H95317** (4)
1. Corporation Name
RADSCAN OF TAMPA, INC.



Principal Place of Business 200 S WACKER DR \$700 CHICAGO IL 60606-5802 US	Mailing Address 200 S WACKER DR \$700 CHICAGO IL 60606-5802 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/22/1986
		4. FEI Number 36-3437138		Applied For 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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 FL	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS BYER, WILLIAM <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	100 ENGINEERS ROAD	1.2 NAME	MARTIN HIGGINS
STREET ADDRESS	HAUPPAUGE NY	1.3 STREET ADDRESS	165 EILEEN WAY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SYOSSET NY 11791
TITLE	D GUTHART, LEO A. <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	165 EILEEN WAY	2.2 NAME	
STREET ADDRESS	SYOSSET NY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DP WINICK, STEVEN J. <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	165 EILEEN WAY	3.2 NAME	
STREET ADDRESS	SYOSSET NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VT GAUVREAU, PAUL R. <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	200 S. WACKER DRIVE	4.2 NAME	
STREET ADDRESS	CHICAGO IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S ZERMUEHLEN, WILLIAM A. <input type="checkbox"/> DELETE	5.1 TITLE	ASSISTANT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 S. WACKER DRIVE	5.2 NAME	
STREET ADDRESS	CHICAGO IL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S RECCHIO, PAMELA A. <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	165 EILEEN WAY	6.2 NAME	
STREET ADDRESS	SYOSSET NY	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.

SIGNATURE

CR2E034 (10/97)