

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

FILED
May 12 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 # **J28813** (0)
1. Corporation Name
PHYSICIANS MAMMOGRAPHY AND SONOGRAPHY SERVICES, INC.

Principal Place of Business 1825 JESS PARRISH CT. 1825 JESS PARRISH CT. TITUSVILLE FL 32706 US	Mailing Address 1825 JESS PARRISH CT. 1825 JESS PARRISH CT. TITUSVILLE FL 32706 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 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/15/1986	
				4. FEI Number 59-2728863	
				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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent GUERRERO, JUAN A. 1825 JESS PARRISH CT. TITUSVILLE FL 32706				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 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

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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D			1.1 TITLE			
NAME	DEE, MANUEL			1.2 NAME			
STREET ADDRESS	3400 LIONEL DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIMS FL			1.4 CITY-ST-ZIP			
TITLE	D			2.1 TITLE			
NAME	GUERRERO, JUAN A.			2.2 NAME			
STREET ADDRESS	3710 HIDDEN HILLS DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			2.4 CITY-ST-ZIP			
TITLE	D			3.1 TITLE			
NAME	OSMON, LEON			3.2 NAME			
STREET ADDRESS	4358 LANTERN DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			3.4 CITY-ST-ZIP			
TITLE	P			4.1 TITLE			
NAME	SMITH, THOMAS			4.2 NAME			
STREET ADDRESS	3705 CHIARA DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			4.4 CITY-ST-ZIP			
TITLE	S			5.1 TITLE			
NAME	WHERRY, CURTIS			5.2 NAME			
STREET ADDRESS	2145 TURPENTINE RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIMS FL			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.

SIGNATURE:

Juan A. Guerrero

4-27-98 407(767-6796)

CP2E034 (1097)