

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K99206 (0)
1. Corporation Name
CHILDREN & INFANTS DIAGNOSTIC CENTER, INC.



Principal Place of Business 5800 COLONIAL DR STE 205 MARGATE FL 33063	Mailing Address 5800 COLONIAL DR STE 205 MARGATE FL 33063-5662
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3. Date Incorporated or Qualified 06/29/1989	3a. Date of Last Report 03/06/1996
4. FEI Number 65-0222722	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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent BENZ AND BIRNBAUM 11077 BISCAYNE BLVD SUITE 301 MIAMI FL 33181	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 registrant 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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREUNDLICH, MICHAEL M.D.		1.2 NAME	
STREET ADDRESS 5800 COLONIAL DR. S-250		1.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL		1.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISKOVITZ, STEVEN M.D.		2.2 NAME	
STREET ADDRESS 5800 COLONIAL DR. S-250		2.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLORES, DR. JOSE M.		3.2 NAME	
STREET ADDRESS 5800 COLONIAL DR. S-250		3.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIRRIEL, JOSE M.D.		4.2 NAME	
STREET ADDRESS 5800 COLONIAL DR. S-250		4.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOTZKIN, BETH M		5.2 NAME	
STREET ADDRESS 5800 COLONIAL DR S-250		5.3 STREET ADDRESS	
CITY-ST-ZIP MARGATE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **MICHAEL FREUNDLICH M.D.** 1/20/97 (954) 972-3644
Date: _____ Daytime Phone: _____

CR2E034 (9/96)