

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L22062**

1. Corporation Name
DOWNTOWN MEDICAL & DIAGNOSTIC CENTER

Principal Place of Business Mailing Address
400 6th STREET SOUTH ST. PETERSBURG, FL 33701 **SAME**

3. Date Incorporated or Qualified **10/10/1989** 3a. Date of Last Report **9/20 1995**

2. Principal Place of Business 2a. Mailing Address
21 **SAME as above** 26 **SAME as above**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **"** 27 **"**
City & State City & State
23 **"** 28 **"**
Zip Country Zip Country
24 **"** 25 **"** 29 **"** 30 **"**

4. FEI Number **592969302** Applied For Not Applicable
5. Certificate of Status Desired **\$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 Yes No

9. Name and Address of Current Registered Agent
Downtown Medical Diagnostic Center H. Brantley McNeel 400 6th ST SO ST Petersburg, FL 33701

10. Name and Address of New Registered Agent
81 Name **HB McNeel MD**
82 Street Address (P.O. Box Number is Not Acceptable) **400 6th ST SO**
83 **ST Petersburg FL**
84 City **FL** 85 Zip Code **33701**

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 **H. Brantley McNeel**
Signature of Principal and/or registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Date **3/13/96**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/director	<input type="checkbox"/> DELETE
NAME	H. Brantley McNeel, M.D.	
STREET ADDRESS	400 6th Street South	
CITY - ST - ZIP	St. Petersburg, FL 33701	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Gregory W. Nestor, M.D.	
STREET ADDRESS	400 6th Street South	
CITY - ST - ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	900001789369
4 3 STREET ADDRESS	-04/22/96--01089--001
4 4 CITY - ST - ZIP	***208.75
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **H. Brantley McNeel** Date: **3/13/96** Daytime Phone #: **813 888 5948**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(H. Brantley McNeel MD) (Director)

CR2E034 (12/95)