


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

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L31819 (0) 1. Corporation Name DATASCAN OF FLORIDA, INC.			
Principal Place of Business 2301 W. Sample Rd. Bldg. 4, Suite 2A Pompano Bch, FL 33073		Mailing Address 5100 Town Center Circle Suite 560 Boca Raton, FL 33486	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/27/1989	
21	26	4. FEI Number 65-0160625	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	28	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	
Zip	Country		
24	25	29	
30			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Name and Address of Current Registered Agent Metropolitan Health Networks, Inc. 5100 Town Center Circle, Ste 560 Boca Raton, FL 33486		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 200002687552--4 83 -11/16/98--01004--002 84 City *****61-25 FL 85 *****61-25	
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. Metropolitan Health Networks, Inc. SIGNATURE <u>Donald B. Cohen</u> Donald B. Cohen, CFO November 4, 1998 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Goldstein, Michael 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PD Goldstein, Michael 5100 Town Center Circle, Ste 560 Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hall, Kenneth J. 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VT Shroeder, Sharon 5100 Town Center Circle, Ste 560 Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cohen, Donald B. 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Beckett, Daniel 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guillama, Noel J. 5100 Town Center Cir., Ste 560 Boca Raton, FL 33486	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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: <u>Donald B. Cohen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Donald B. Cohen, Director Date Daytime Phone #	

CR2E034 (10/97)