


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03823** (4)

1. Corporation Name
ST. MARY'S IMAGING CENTER, INC.



Principal Place of Business 901 45TH STREET WEST PALM BEACH FL 33407 US	Mailing Address 901 45TH STREET WEST PALM BEACH FL 33407-2413 US
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3. Date Incorporated or Qualified 06/21/1984	3a. Date of Last Report 08/13/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2445993	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent LARCOMBE, VALERIE GOODWI 901 45TH STREET WEST PALM BEACH FL 33407		10. Name and Address of New Registered Agent	
81 Name Valerie G. Larcombe	82 Street Address (P.O. Box Number is Not Acceptable) 1309 No. Flagler Drive	83	84 City West Palm Beach
			85 Zip Code FL 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-28-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	FRENCH, MICHAEL <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	901 45TH STREET	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE CD	MURPHY, MARTIN <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	901 45TH STREET	2.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33407	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	LARCOMBE, VALERIE GOODWI <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	901 45TH STREET	3.2 NAME Valerie G. Larcombe	
STREET ADDRESS	WEST PALM BEACH FL	3.3 STREET ADDRESS 901 45th Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE TD	GARDNER, GREG <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	901 45TH STREET	4.2 NAME Frank Nask	
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS 901 45th Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE D	DUTCHER, PHILLIP <input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	901 45TH STREET	5.2 NAME Phillip C. Dutcher	
STREET ADDRESS	WEST PALM BEACH FL	5.3 STREET ADDRESS 901 45th Street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE D	SAVILL, PHYLLIS <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	901 45TH STREET	6.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-22-97** 561-650-6126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0040380

CR2E037 (9/96)