

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 07 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N03823 (4)
 1. Corporation Name
 ST. MARY'S IMAGING CENTER, INC.



Principal Place of Business Mailing Address
 901 45TH STREET WEST PALM BEACH FL 33407 US
 901 45TH STREET WEST PALM BEACH FL 33407 US

3. Date Incorporated or Qualified
 06/21/1984

4. FEI Number 59-2445993
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 901 45th Street 26 1309 N. Flagler Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 West Palm Beach, FL 28 West Palm Beach, FL
 Zip Country Zip Country
 24 33407 25 Palm Beach 29 33401 30 Palm Beach

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 LARCOMBE, VALERIE G
 1309 N FLAGLER DR
 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)
 83 1309 N. Flagler Drive
 84 City West Palm Beach FL 85 Zip Code 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 *Valerie G. Larcombe* Valerie G. Larcombe 9/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, MARTIN	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LARCOMBE, VALERIE GOODWI	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NASK, FRANK	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUTCHER, PHILLIP	
STREET ADDRESS	901 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
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	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas McCloskey	
1.3 STREET ADDRESS	1309 No. Flagler Drive	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Valerie G. Larcombe	
2.3 STREET ADDRESS	1309 No. Flagler Drive	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frank Nask	
3.3 STREET ADDRESS	1309 No. Flagler Drive	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Phillip C. Dutcher	
4.3 STREET ADDRESS	1309 No. Flagler Drive	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
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 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: *Frank P. Nask* SR V.P FINANCE 9/29/98 561 650 6223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)