

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 25 AM 8: 09

DOCUMENT # N36218 (8)

1. Corporation Name
GERTRUDE AND PHILIP STRAX BREAST CANCER DETECTION INSTITUTE OF PALM BEACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4300 N UNIVERSITY DR #E200 4300 N UNIVERSITY DR #E200
4300 NORTH UNIVERSITY DR., S-E-200 4300 NORTH UNIVERSITY DR., S-E-200
LAUDERHILL FL 33351 LAUDERHILL FL 33351
US US

3. Date Incorporated or Qualified 01/23/1990	3a. Date of Last Report 04/21/1994
4. FEI Number 65-0193380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sute, Apt. #, etc.	26 Sute, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent MARTIN, GAYLE 4300 NORTH UNIVERSITY DRIVE SUITE E-200 LAUDERHILL FL 33351	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

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: Gayle Martin (Registered Agent and the filer) President (NOTE: Registered Agent signature required when reinstating) 6/26/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, KAREN	1.2 NAME	
STREET ADDRESS	1740 NW 60TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, GAYLE	2.2 NAME	
STREET ADDRESS	950 MOCKINGBIRD LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, JANE	3.2 NAME	
STREET ADDRESS	9171 N NEW RIVER CANAL	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption status in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: Gayle Martin (Date) 6/26/95 (305) 742-3500 (Typed Name)

CR2E037 (3/95)