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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001716

1. Corporation Name

SMH DIAGNOSTIC SERVICES, INC.

Principal Place of Business

1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

ATTN: FINANCE FDEPT.
1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	P. O. Box 3258	03/27/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Attn: J. Hugh Middlebrooks	65-0739497	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	Sarasota, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24		29	34230-3258	30	USA

9. Name and Address of Current Registered Agent

COVERT, MICHAEL
1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81	Name	J. Hugh Middlebrooks, Esq.
82	Street Address (P.O. Box Number is Not Acceptable)	200 S. Orange Ave.
83		
84	City	Sarasota
85	Zip Code	FL 34236

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 3/1/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> Member <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTSON, DON L	1.2 NAME	Michael H. Covert
STREET ADDRESS	4136 WOODVIEW DRIVE	1.3 STREET ADDRESS	1700 S. Tamiami Tr
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	<input checked="" type="checkbox"/> T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, MARILYNN	2.2 NAME	Chairman Robert P. Hebert
STREET ADDRESS	1354 HARBOR DRIVE	2.3 STREET ADDRESS	P.O. Box 175
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	Venice, FL 34284
TITLE	<input type="checkbox"/> S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBB, PHYLLIS J	3.2 NAME	Assistant Treasurer Neil Burnside
STREET ADDRESS	761 JOHN RINGLING BLVD APT A5	3.3 STREET ADDRESS	548 Silk Oak Drive
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	Venice, FL 34293
TITLE	<input checked="" type="checkbox"/> 2nd Vice Chairman <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, MARTIN	4.2 NAME	Asst. Secretary William E. Lyons
STREET ADDRESS	1535 HARBOR PLACE	4.3 STREET ADDRESS	1241 Gulf of Mexico Drive
CITY-ST-ZIP	SARASOTA FL 34239	4.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	<input checked="" type="checkbox"/> 1st Vice Chairman <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCOMB, DONNA	5.2 NAME	Member Thomas Kelly, MD
STREET ADDRESS	1337 VISTA DRIVE	5.3 STREET ADDRESS	1880 Arlington St.
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	<input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRASSER, ROBERT K	6.2 NAME	
STREET ADDRESS	3810 OAKLEY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Covert, President

Date

Daytime Phone #

CR2E037-(11/98)