

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22236 (4)**

1. Corporation Name
MDT DIAGNOSTIC COMPANY



Principal Place of Business
**1777 E. HENRIETTA ROAD
ROCHESTER NY 14623**

Mailing Address
**1777 E. HENRIETTA ROAD
ROCHESTER NY 14623**

3. Date Incorporated or Qualified **12/22/1988** 3a. Date of Last Report **04/13/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number **93-0633617** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	BRANAGAN, J. MILES	
STREET ADDRESS	2300 205TH STREET	
CITY - ST - ZIP	TORRANCE CA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	HEIN, THOMAS	
STREET ADDRESS	2300 205TH STREET	
CITY - ST - ZIP	TORRANCE CA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOCKER, WILLIAM	
STREET ADDRESS	2300 205TH STREET	
CITY - ST - ZIP	TORRANCE CA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SWENSON, CHARLES	
STREET ADDRESS	2300 205TH STREET	
CITY - ST - ZIP	TORRANCE CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NELSON, KENT S.	
STREET ADDRESS	2300 205TH STREET	
CITY - ST - ZIP	TORRANCE CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHAMY, JOHN C.	
STREET ADDRESS	2300 205TH STREET	
CITY - ST - ZIP	TORRANCE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles B. Swenson	
1.3 STREET ADDRESS	104 Caffrey Court	
1.4 CITY - ST - ZIP	Summerville, SC 29485	
2.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas Hein	
2.3 STREET ADDRESS	Suite 200 1009 Slater Road	
2.4 CITY - ST - ZIP	Durham, NC 27703	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Kent S. Nelson, Assistant Secretary 4/9/96 (716)475-1400**

CR2E034 (12/95)