

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandha B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000022238 (8)**

1. Corporation Name:
CONCEPT MEDICAL DIAGNOSTIC CENTER, INC.



Principal Place of Business: **2290 10TH AVE. NORTH STE 100 LAKE WORTH FL 33461 US**
Mailing Address: **2290 10TH AVE. NORTH STE 100 LAKE WORTH FL 33461 US**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **03/22/1993** 3a. Date of Last Report: **04/21/1995**
4. FEI Number: **65-0408611** 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:
**MCCRACKEN, JOHN B
505 S FLAGLER DR
WEST PALM BEACH FL 33401-3475**

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

11. Pursuant to the provisions of Sections 607.0117 and 607.0118, 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, hereby appoint the appointment as registered agent. I am familiar with, and I accept the obligations of, Sections 607.0117 and Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUNN, DALE W	
STREET ADDRESS	515 S COUNTY ROAD	
CITY-STATE-ZIP	PALM BEACH FL 33480	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, BRYAN W JR	
STREET ADDRESS	1840 W 49 ST #234	
CITY-STATE-ZIP	HIALEAH FL 33017	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEIPPER, WARREN C JR	
STREET ADDRESS	11625-A WINCHESTER DR	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, FRANK	
STREET ADDRESS	1840 W 49TH ST #234	
CITY-STATE-ZIP	HIALEAH FL 33017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is accurate, true and correct, and that the information shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the registered agent or both, and that my name appears in Block 12 or Block 13 if changed, or in a call letter with an address.

SIGNATURE: *Warren C. Keipper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WARREN C. KEIPPER TREASURER

(407) 540-8100

CR2E034 (12/95)