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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000022238 (8)
1. Corporation Name
CONCEPT MEDICAL DIAGNOSTIC CENTER, INC.



Principal Place of Business: 2280 10TH AVE. NORTH STE 100 LAKE WORTH FL 33461 US
Mailing Address: 2280 10TH AVE. NORTH STE 100 LAKE WORTH FL 33461-6609 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 04/19/1996
4. FEI Number: 65-0408611
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 (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUNN, DALE W	
STREET ADDRESS	515 S COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, BRYAN W JR	
STREET ADDRESS	1840 W 49 ST #234	
CITY-ST-ZIP	HIALEAH FL 33017	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEIPPER, WARREN C JR	
STREET ADDRESS	11825-A WINCHESTER DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WISE, FRANK	
STREET ADDRESS	1840 W 49TH ST #234	
CITY-ST-ZIP	HIALEAH FL 33017	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D MILLER, BRYAN W JR
2.3 STREET ADDRESS	445 EAST 25TH STREET
2.4 CITY-ST-ZIP	HIALEAH FL 33017
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 checked="" type="checkbox"/> Addition
5.2 NAME	SD RODRIQUEZ, MARLON
5.3 STREET ADDRESS	445 EAST 25TH STREET
5.4 CITY-ST-ZIP	HIALEAH FL 33017
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Warren C. Keipper* WARREN C. KEIPPER 3/15/97 (561)540-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)