## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300002238 (8) CONCEPT MEDICAL DIAGNOSTIC CENTER, INC.															
Principal Place of Business Mailing Address								i d <b>e b</b> ia		O ISON BORN D				NUMBER OF STREET	
2290 10TH AVE. NORTH 2290 10TH AVE. NORTH STE 100 STE 100 LAKE WORTH FL 33461 LAKE WORTH FL 33461 US US							;	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/22/1993							7
2. Principal P	lace of Busin	ness	2a, Mailing Add	fress				. FEI Nun			<del>-</del>		TA	pplied For	$\dashv$
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Suite, Apt. #, etc. Suite, Apt. #, et								5. Certifica			id [			Additional lequired	7
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Zip				Zip Country				. This cor	poration	owes or h	as paid			itangible	7
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<u> </u>		and Address of Curre	nt Registered Agent		81	Name		). Name s	ind Addr	reas of Ne	w Regla	stered A	gent		4
505	CCRACKEN 5 S FLAGU EST PALM (		75		82 83 84	L		(P.O. Box	Number i	is Not Acc	eptable	FL	85 Zip	Code	
11. Pursuant i office or re agent. I a	to the provis registered ag im familiar w	ions of Sections 607.050 jent, or both, in the State ith, and accept the oblig	02 and 607.1508, Flor e of Florida. Such cha pations of, Section 607	ida Statutes, t nge was autho 2.0505, Florida	he above orized by a Statutes	named the corp	corporat poration's	on submit board of	s this sta directors.	tement for . I hereby	the pur accept t	pose of o	changing intment as	its registered registered	
SIGNATURE	Signatura, lyped	or printed name of registered ag	ent and title it applicable	(NOTE Re				en reinstaling)				DATE			_
12.			ND DIRECTORS		gistered Age		e required w	en reinstaling) ADDITIO		VGES TO		DATE RS AND	DIRECTO	RS IN 12	- K
12.	PD	OFFICERS AN	ND DIRECTORS	(NOTE Re	gistered Age 13. 1,1 TITLE		e required wi	en reinstaling) ADDITIO	NS/CHAI	VGES TO	OFFICE	DATE RS AND			- K
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14. I hereby certify that the information supplied with this filling 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 certify that into true 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 praylight or on an appropriate with an address.

**FILED** 

May 13 1998 8:00am

Secretary of State