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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000045643 (2)

1. Corporation Name

COMMUNITY DIAGNOSTIC CENTERS, INC.

Principal Place of Business

900 SO US HWY #1
STE - 108
JUPITER FL 33477
US

Mailing Address

900 SO US HWY #1
STE - 108
JUPITER FL 33477-6468
US



2. Principal Place of Business	2a. Mailing Address
21 18523 Sea Oaks Lane	26 18523 Sea Oaks Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Tequesta FL 33469	28 Tequesta, FL 33469
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
06/28/1993	07/29/1996
4. FEI Number	Applied For
65-0466930	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

STARKEY, H. CHRISTOPHER
900 SOUTH US HWY #1
SUITE 108
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name	Starkey, H. Christopher
82 Street Address (P.O. Box Number is Not Acceptable)	18523 Sea Oaks Lane
83	
84 City	Tequesta, FL
85 Zip Code	33469

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

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	PD	1.1 TITLE	PD
NAME	STARKEY, H. CHRISTOPHER	1.2 NAME	Starkey, H. Christopher
STREET ADDRESS	900 SO US HWY #1 / STE - 108	1.3 STREET ADDRESS	18523 Sea Oaks Lane
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

STARKEY, H. CHRISTOPHER 4/24/97 561-749-4953

CR2E034 (9/96)