

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000023879 (6)**

1. Corporation Name

**DIAGNOSTIC CLINIC MEDICAL GROUP, P.A.**



Principal Place of Business

1551 WEST BAY DRIVE  
LARGO FL 34640

Mailing Address

1551 WEST BAY DRIVE  
LARGO FL 34640

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified **03/24/1995**

3a. Date of Last Report

4. FEI Number **59-3307922**

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

**WEINBREN, DON B  
101 E. KENNEDY BLVD.  
SUITE 2700  
TAMPA FL 33602**

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 607.0501 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person acting as registered agent

Signature of officer or director

Date

12. OFFICERS AND DIRECTORS

TITLE: **D**  DELETE  
NAME: **CAMPBELL, H. CHARLES M.D.**  
STREET ADDRESS: **1551 WEST BAY DR.**  
CITY-STATE-ZIP: **LARGO FL 34640**

TITLE: **D**  DELETE  
NAME: **HELLER, ROBERT J M.D.**  
STREET ADDRESS: **1551 WEST BAY DR.**  
CITY-STATE-ZIP: **LARGO FL 34640**

TITLE: **D**  DELETE  
NAME: **HUFFMAN, CYNTHIA M.D.**  
STREET ADDRESS: **1551 WEST BAY DR.**  
CITY-STATE-ZIP: **LARGO FL 34640**

TITLE: **D**  DELETE  
NAME: **THOMPSON, MICHAEL J M.D.**  
STREET ADDRESS: **1551 WEST BAY DR.**  
CITY-STATE-ZIP: **LARGO FL 34640**

TITLE: **D**  DELETE  
NAME: **WASON, WILLIAM M M.D.**  
STREET ADDRESS: **1551 WEST BAY DR.**  
CITY-STATE-ZIP: **LARGO FL 34640**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

14 TITLE  Change  Addition

15 NAME  Change  Addition

16 STREET ADDRESS  Change  Addition

17 CITY-STATE-ZIP  Change  Addition

18 TITLE  Change  Addition

19 NAME  Change  Addition

20 STREET ADDRESS  Change  Addition

21 CITY-STATE-ZIP  Change  Addition

22 TITLE  Change  Addition

23 NAME  Change  Addition

24 STREET ADDRESS  Change  Addition

25 CITY-STATE-ZIP  Change  Addition

26 TITLE  Change  Addition

27 NAME  Change  Addition

28 STREET ADDRESS  Change  Addition

29 CITY-STATE-ZIP  Change  Addition

30 TITLE  Change  Addition

31 NAME  Change  Addition

32 STREET ADDRESS  Change  Addition

33 CITY-STATE-ZIP  Change  Addition

**600001760986  
-03/28/96--01050--025  
\*\*\*200.00**

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

SR 7-2 v. 96

CR2E034 (12/95)