

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 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 # 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33770
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33770
 Country 30

3. Date Incorporated or Qualified: 03/24/1995
 3a. Date of Last Report: 03/28/1996
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 WEINBREN, DON B
 101 E. KENNEDY BLVD.
 SUITE 2700
 TAMPA FL 33602

10. Name and Address of New Registered Agent
 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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	CAMPBELL, H. CHARLES M.D.	1.2 NAME	CAMPBELL, H. CHARLES M.D.
STREET ADDRESS	1551 WEST BAY DR.	1.3 STREET ADDRESS	1551 WEST BAY DR.
CITY-ST-ZIP	LARGO FL 34640	1.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	D	2.1 TITLE	V
NAME	HELLER, ROBERT J M.D.	2.2 NAME	QUIGLEY, CHERYL M.D.
STREET ADDRESS	1551 WEST BAY DR.	2.3 STREET ADDRESS	1551 WEST BAY DR.
CITY-ST-ZIP	LARGO FL 34640	2.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	D	3.1 TITLE	T
NAME	HUFFMAN, CYNTHIA M.D.	3.2 NAME	NERNEY, MICHAEL M.D.
STREET ADDRESS	1551 WEST BAY DR.	3.3 STREET ADDRESS	1551 WEST BAY DR.
CITY-ST-ZIP	LARGO FL 34640	3.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	D	4.1 TITLE	D
NAME	THOMPSON, MICHAEL J M.D.	4.2 NAME	THOMPSON, MICHAEL J M.D.
STREET ADDRESS	1551 WEST BAY DR.	4.3 STREET ADDRESS	1551 WEST BAY DR.
CITY-ST-ZIP	LARGO FL 34640	4.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	D	5.1 TITLE	S
NAME	WASON, WILLIAM M M.D.	5.2 NAME	WASON, WILLIAM M. M.D.
STREET ADDRESS	1551 WEST BAY DR.	5.3 STREET ADDRESS	1551 WEST BAY DR.
CITY-ST-ZIP	LARGO FL 34640	5.4 CITY-ST-ZIP	LARGO, FL 33770
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 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: *H. Charles Campbell*

CR2E034 (4/97)