

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

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90127 050 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000023879

1. Corporation Name
DIAGNOSTIC CLINICAL MEDICAL GROUP, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1551 WEST BAY DRIVE
 LARGO FL 33770
 US**

Mailing Address
**1551 WEST BAY DRIVE
 LARGO FL 33770
 US**

3. Date Incorporated or Qualified
03/24/1995

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, H. CHARLES M.D.	1.2 NAME	
STREET ADDRESS	1551 WEST BAY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIGLEY, CHERYL M.D.	2.2 NAME	
STREET ADDRESS	1551 WEST BAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERNEY, MICHAEL M.D.	3.2 NAME	
STREET ADDRESS	1551 WEST BAY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MICHAEL J M.D.	4.2 NAME	
STREET ADDRESS	1551 WEST BAY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOBE, ROBERT N MD	5.2 NAME	
STREET ADDRESS	1551 W BAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *S.H. Campbell* 3/19/99 (727)581-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)