


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000023879
 1. Entity Name
 DIAGNOSTIC CLINIC MEDICAL GROUP, P.A.



Principal Place of Business Mailing Address
 1551 WEST BAY DRIVE 1551 WEST BAY DRIVE
 LARGO, FL 33770 US LARGO, FL 33770 US

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3307922 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000130442
 04/26/04-80118-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAMPBELL, H. CHARLES M.D.
STREET ADDRESS	1551 WEST BAY DR.
CITY - ST - ZIP	LARGO, FL
TITLE	T
NAME	AVERILL, FRANCIS J MD
STREET ADDRESS	1551 WEST BAY DR.
CITY - ST - ZIP	LARGO, FL 33770
TITLE	D
NAME	GOLDSTEIN, WARREN J MD
STREET ADDRESS	1551 WEST BAY DR.
CITY - ST - ZIP	LARGO, FL 33770
TITLE	S
NAME	THOMPSON, MICHAEL J M.D.
STREET ADDRESS	1551 WEST BAY DR.
CITY - ST - ZIP	LARGO, FL
TITLE	V
NAME	ROSIN, JOSEPH H MD
STREET ADDRESS	1551 W BAY DR
CITY - ST - ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Charles Campbell 4/19/04 727-581-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #