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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000038687					
1. Corporation Name GABLES DIAGNOSTIC IMAGING ASSOCIATES, INC.					
Principal Place of Business C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR MIAMI FL 33131			Mailing Address C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR MIAMI FL 33131		
2. Principal Place of Business 21 201 S. Biscayne Blvd. Suite, Apt. #, etc. 22 Suite # 2000 City & State 23 Miami, Florida Zip 24 33131		2a. Mailing Address 26 201 S. Biscayne Blvd. Suite, Apt. #, etc. 27 Suite # 2000 City & State 28 Miami, Florida Zip 29 33131		25 USA 30 USA	
9. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name William J. Spratt, Jr., Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd. 83 # 2000 84 City Miami FL 85 Zip Code 33131		
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 <i>William J. Spratt, Jr.</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE DPST NAME GOTTLIEB, STUART M.D. STREET ADDRESS 495 BILTMORE WAY CITY-ST-ZIP CORAL GABLES FL 33134			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)