

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90039 023 ***158.75

DOCUMENT # P95000052151

1. Corporation Name
DATASCAN SOUTHEAST, INC.



Principal Place of Business
2301 WEST SAMPLE ROAD, BUILDING 4, STE. 2A
POMPANO BEACH FL 33073

Mailing Address
5100 TOWN CENTER CIRCLE
STE. 560
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1995

4. FEI Number

65-0599667

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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

METROPOLITAN HEALTH NETWORKS, INC.
5100 TOWN CENTER CIRCLE, STE. 560
BOCA RATON FL 33486

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	HALL, KENNETH JAY	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, STE. 560	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, MICHAEL P	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, STE. 560	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, DONALD	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, STE. 560	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BECKETT, DANIEL	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, STE. 560	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUILLAMA, NOEL J	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, STE. 560	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 (561) 416-9484

CR2E034 (11/98)

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