

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000087364 (2)

1. Corporation Name
HEALTH CARE DIAGNOSTICS, INC.



Principal Place of Business 104 LAKE WHISTLER DRIVE AUBURNDALE FL 33823	Mailing Address 104 LAKE WHISTLER DRIVE AUBURNDALE FL 33823-2213
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3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 333 West Bridgers Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 333 West Bridgers Avenue Suite, Apt. #, etc.	4. FEI Number 59-3342061	Applied For Not Applicable
22 City & State Auburndale, Florida	27 City & State Auburndale, Florida	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 33823	28 Zip 33823	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country USA	29 Country USA	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**VANDERPOOL, KIMBERLY
104 LAKE WHISTLER DRIVE
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent

81 Name Vanderpool, William
82 Street Address (P.O. Box Number is Not Acceptable) 104 Lake Whistler Drive
83
84 City Auburndale
85 Zip Code FL 33823

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 **William William Vanderpool / President** **William Vanderpool** **3 January 1996**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VANDERPOOL, KIMBERLY		1.2 NAME William Vanderpool	
STREET ADDRESS 104 LAKE WHISTLER DRIVE		1.3 STREET ADDRESS 104 Lake Whistler Drive	
CITY-ST-ZIP AUBURNDALE FL 33823		1.4 CITY-ST-ZIP Auburndale, Florida 33823	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAREY, JANICE		2.2 NAME John Howe	
STREET ADDRESS 104 LAKE WHISTLER DRIVE		2.3 STREET ADDRESS P.O. Box 7332 N/A	
CITY-ST-ZIP AUBURNDALE FL 33823		2.4 CITY-ST-ZIP Hudson, Florida 34667	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Mitchell Weiner	
STREET ADDRESS		3.3 STREET ADDRESS 13910 Fivay Road Suite 18	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Hudson, Florida 34667	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **William Vanderpool** **William Vanderpool / President** **3 January 1997** **(941) 965-8510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)