SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT -FLORIDA DEPARTMENT OF STATE CORPORÁTION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 **DIVISION OF CORPORATIONS** JA 21 11 9 27 DOCUMENT # P9600008477 (7) DIAGNOSTIC CONCEPTS, INC. Principal Place of Business Mailing Address 4331 NORTH FEDERAL HIGHWAY 4331 NORTH FEDERAL HIGHWAY SUITE 402-A SUITE 402-A FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 01/26/1996 2. Principal Place of Business 20. Mailing Address 4. FEI Number Applied For 65-0650029 4331 N. FEDERAL Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired <u>Suite</u> 22 27 Fee Required Ity & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. □ No 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MONACO, JOHN C 81 JOHN C. MONACO 4331 NORTH FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 402-A SOUTH CLIPPESS ROAD FORT LAUDERDALE FL 33308 83 84 Zip Code 33 062 85 a band BENCH 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 familia with, and accept the obligations of, Section 607.0505, Florida Statutes. Unac **SIGNATURE** (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE Addition MONACO, JOHN C NAME 1.2 NAME 4331 NORTH FEDERAL HIGHWAY. #402-A STREET ADDRESS 1.3 STREET ADDRESS SVITE 402 FORT LAUDERDALE FL 33308 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME NA 7/22/97 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 GITY-ST-7(P TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition 900002245619--NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS ****165.08 ****165.00 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME **5.2 NAME** STREET ABORESS 5.3 STREET ADDRESS CITY-ST-2 5.4 CITY-ST-ZIP DELETE TITLE Change 6.1 TITLE 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 eath; 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.

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