

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000013125**  
 1. Corporation Name  
**G & R DIAGNOSTIC CORPORATION**

Principal Place of Business <b>4990 N.W. 44TH AVENUE                  COCONUT CREEK, FL.                  33373</b>	Mailing Address <b>4990 N.W. 44TH AVENUE                  COCONUT CREEK, FL.                  33073</b>
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2. Principal Place of Business 21 <b>7351 W. OAKLAND PARK BLVD.</b>	2b. Mailing Address 26 <b>SUITE #101</b>	3. Date Incorporated or Qualified <b>02/08/1996</b>	3a. Date of Last Report
22 <b>SUITE #101</b>	27 <b>LAUDERHILL, FL. 33319</b>	4. FEI Number <b>65-0652737</b>	Applied For Not Applicable
23 <b>33319</b>	25 <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 <b>33319</b>	29 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent <b>RALPH ROCHETEAU                  5757 N.W. 11TH STREET                  SUITE #160                  MIAMI, FLORIDA 33173</b>		81 Name <b>RON HUTCHISON</b>
		82 Street Address (P.O. Box Number is Not Acceptable) <b>4990 N.W. 44TH AVENUE</b>
		83
		84 City <b>COCONUT CREEK</b> <b>FL</b> 85 Zip Code <b>33073</b>

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 and my family will not accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Ron Hutchison*      **RON HUTCHISON**      **4-21-97**  
(NOTE: Registered Agent's signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RON HUTCHISON</b>		1.2 NAME	
STREET ADDRESS <b>4990 N.W. 44TH AVENUE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>COCONUT CREEK, FLORIDA 33073</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DR. GABRIEL SPOLIANSKY</b>		2.2 NAME	
STREET ADDRESS <b>1722 VESTA DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRING, FLORIDA 33071</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	

**500002157425**  
**-04/29/97--01002--044**  
**\*\*\*165.00**

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: *Ron Hutchison*      **RON HUTCHISON**      **4/11/97**      **(954) 572-9900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)