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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



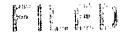
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027222 (4)

MAMMOGRAPHY PRODUCTS, INC.



97 JUL 15 AHTI: NO

SECRETARY OF STATE YALLAHASSEE FLORIDA



16057 TAMPA P TAMPA FL 3361	PALMS BOULEVARU WEST, STE. 238	TAMPA FL 33647-2001	SUULEYARD WEST, STE.	230
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-33'75'482_ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Cartificate of Status Posited Status Posited
22		[27]		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	[29]	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent				
	.AM, MAHA Y		81 Name	
18057 TAMPA PALMS BOULEVARD WEST, STE. 238			82 Street	t Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33813			83	
			63	
			84 City	FL 85 Zip Code
44 Dunayant	to the provisions of Postions 607.00	02 and 607 1509 Florida St	atutae the above nacros	d corporation submits this statement for the number of changing its registered
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.				
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505	, Florida Statutes.	
SIGNATURE	Signature typed or printed harric of registered as	nout and title if armiv ship	NOTE Registered Agent signatur	re marked when censtaling) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 1/JLF	Change Addition
NAME	BARR, DEAN S		1.2 NAME	
STREET ADDRESS	16057 TAMPA PALMS BOULE	VARD WEST, STE. 238	13 STREFT ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	·	1.4 CHY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	SALLAM, MAHA Y		2.2 NAME	
STREET ADDRESS 16057 TAMPA PALMS BOULEVARD WEST, STE. 238			2.3 STREET ADDRESS	;
CiTY-ST-ZIP	TAMPA FL 33613		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	400002243¶9°°4 — M®°
NAME	Gopalakrishnan, vanathi		3.2 NAME	-07/21/9701117006
STREET ADDRESS	16057 TAMPA PALMS BOULE	WARD WEST, STE. 238	3.3 STREET ADDRESS	4000224319 -07/21/9701117006 ****165.00 ****165.00
CITY - ST - ZIP	TAMPA FL 33613		3.4. CITY - \$1 - ZIP	
TITLE	D	DELETE	4.1 TITLE	Change L Addition
NAME	MANI, GANESH		4. 2 NAME	
STREET ADDRESS	16057 TAMPA PALMS BOULE	WARD WEST, STE. 238	4.3 STREET ADDRESS	6
CITY-ST-ZIP	TAMPA FL 33613		4.4 CITY - ST - ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	Change Addition
NAME	QUAH, K.K.		5.2 NAME	
STREET ADDRESS	16057 TAMPA PALMS BOULE	EVARD WEST, STE. 238	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33813		5.4 CITY-ST-ZIP	
TITLE		☐ DÉLETE	61 TITLE	Change 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 filling 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.