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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033629 (2)
1. Corporation Name
TOWER DIAGNOSTIC CENTER OF BRANDON, INC.



Principal Place of Business: 4719 NORTH HABANA AVE. TAMPA FL 33614
Mailing Address: 511 WEST BAY STREET TAMPA FL 33606-2742

3. Date Incorporated or Qualified: 04/12/1996
3a. Date of Last Report

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: 59-3386471
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
THURMAN, LARS A
4719 N. HABANA AVENUE
TAMPA FL 33614

10. Name and Address of New Registered Agent
81 Name: Stephen A. Stenzler M.D.
82 Street Address: 511 West Bay Street
83 Suite: 301
84 City: Tampa FL 85 Zip Code: 33606

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Stephen A. Stenzler* DATE: 4/23/97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	STENZLER, STEPHEN A	
STREET ADDRESS	511 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/>
NAME	GRUNDY, LAURENCE	
STREET ADDRESS	511 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/>
NAME	PATEL, BHARAT U	
STREET ADDRESS	511 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/>
NAME	MCTAGGART, JOHN D	
STREET ADDRESS	511 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/>
NAME	NANNI, MARK D	
STREET ADDRESS	511 WEST BAY STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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, changed, or on an attachment with an address.

SIGNATURE: *Stephen A. Stenzler* DATE: 4/23/97

CR2E034 (9/96)