

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 613 Oakfield Drive Suite, Apt. #, etc. 22 City & State 23 Brandon, FL Zip 24 33511	2a. Mailing Address 26 P.O. Box 30794 Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33630	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 04/12/1996	4. FEI Number 59-3386471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
STENZLER, STEPHEN A. M
511 W BAY ST
SUITE 301
TAMPA FL 33606

10. Name and Address of New Registered Agent 81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STENZLER, STEPHEN A		1.2 NAME	
STREET ADDRESS 511 WEST BAY STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33606		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRUNDY, LAURENCE		2.2 NAME	
STREET ADDRESS 511 WEST BAY STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33606		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATEL, BHARAT U		3.2 NAME	
STREET ADDRESS 511 WEST BAY STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33606		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCTAGGART, JOHN D		4.2 NAME	
STREET ADDRESS 511 WEST BAY STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33606		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NANNI, MARK D		5.2 NAME	
STREET ADDRESS 511 WEST BAY STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33606		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 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: *Stephen A. M. Stenzler* 3/19/98 (813) 253-2221

CR2E034 (10/97)