## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jul 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000021583 (4) DIAGNOSTIC MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 2345 NORTHWEST 43RD STREET 2345 NORTHWEST 43RD STREET BOCA RATON FL 33431 **BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1997 2a. Mailing Address 2. Principal Place of Business Applied For 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible USA 24 Personal Property Tax due June 30. Yes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MENKHAUS, DAVID J 4800 NORTH FEDERAL HWY 62 SUITE 210-A 83 **BOCA RATON FL 33431** 84 City Zip Code 33409 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. Jeffrey Schiffman The fire of registered agent and utile if applicable NOTE: Registered Agent signature required when reinstating SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President TITLE ☐ Change 11 TITLE Jeffrey Schiffman Lakes Blud. # 407 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS W. Palm Beach 1.4 CITY - ST- ZIP CITY-ST-ZIP Change 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE

\*\*\*150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 receivor 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.

4. 2 NAME

5.1 TITLE

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6.2 NAME

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SIGNATURE:

NAME

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CITY - ST - ZIP

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## DIAGNOSTIC MANAGEMENT GROUP 2161 Palm Beach Lakes Bivd., Suite 407 W. Palm Beach, Florida 33409

June 17, 1998

Fiorida Dept. of State Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

RE: Diagnostic Management Group - FIN 65-0747837 - Annual Report

## Gentlemen:

As discussed with personnel from your office, the form for our Annual Report did not reach our office until just recently. Our mailing address was changed some time ago and your office was notified. However, apparently this change was not entered into your system and our Annual Report form was bounced around in the mail before it finally reached us.

Due to this situation, your office has instructed that we send the filing fee of \$150.00 along with the signed form for this years report and we will not be charged a penalty.

Your assistance is appreciated. If you need to reach me, please call me at (561)689-4600.

Sincerely,

Jeffrey Schiffman Registered Agent

**Enclosure**