


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

FILED
May 11 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 # **P97000028720 (5)**

1. Corporation Name
OKEECHOBEE IMAGING CONSULTANTS, INC.



Principal Place of Business 10161 CENTURION PARKWAY NORTH SUITE 190 JACKSONVILLE FL 32256	Mailing Address 10161 CENTURION PARKWAY NORTH SUITE 190 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 516 Camden Avenue Suite, Apt. #, etc. 22 City & State 23 STUART, FL 34994 Zip 24 34994 Country 25 U.S.A.		2a. Mailing Address 26 516 Camden Avenue Suite, Apt. #, etc. 27 City & State 28 STUART, FL Zip 29 34994 Country 30 U.S.A.		3. Date Incorporated or Qualified 03/27/1997	
		4. FET Number		Applied For <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIDNER, DONALD W ESO
10161 CENTURION PARKWAY NORTH
SUITE 190
JACKSONVILLE FL 32256**

81 Name	Joseph A. Murphy, III
82 Street Address (P.O. Box Number is Not Acceptable)	516 CAMDEN AVENUE
83	
84 City	STUART, FL
85 Zip Code	34994

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIDNER, DONALD W ESO	1.2 NAME	HENRY ZAYAS, M.D.
STREET ADDRESS	10161 CENTURION PARKWAY NORTH, SUITE 190	1.3 STREET ADDRESS	2873 PINE VALLEY
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ANDREW GALLAGHER, M.D.
STREET ADDRESS		2.3 STREET ADDRESS	5146 SW SPRING ASTER CT.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
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:  5/28/98 561-287-9133

CR2E034 (10/97)