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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90122 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000099796

1. Corporation Name
~~CONTINUGARE OUTPATIENT SERVICES, INC.~~ **CHANGED**
OUTPATIENT RADIOLOGY SERVICES, INC.



Principal Place of Business Mailing Address

100 S.E. 2ND STREET 26TH FLOOR MIAMI FL 33134 US
 400 S.E. 2ND STREET 30TH FLOOR MIAMI FL 33101 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 11/20/1997

2. Principal Place of Business 2a. Mailing Address

21 11111 BISCAYNE BLVD Suite, Apt. #, etc. 1154
 22 MIAMI FL City & State
 23 33181 USA Zip Country
 24 25 29 30 33181 USA

4. FEI Number 65-0796181 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

UGC FILING & SEARCH SERVICES, INC.
 520 EAST PARK AVENUE
 TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name ALLAN GLASER, ESQ
 82 Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD
 83 S 807
 84 City MIAMI FL 85 Zip Code 33181

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 *[Signature]* DATE 4/30/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BURKHART, KENNETH M.D.	
STREET ADDRESS	6161 BLUE LAGOON DRIVE SUITE 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	EVP - S	<input checked="" type="checkbox"/> DELETE
NAME	Susan Targe	
STREET ADDRESS	100 SE 2 ST. - 36th Floor	
CITY-ST-ZIP	MIAMI, Fla 33131	
TITLE	TICER	<input checked="" type="checkbox"/> DELETE
NAME	Joseph P. Hood	
STREET ADDRESS	100 SE 2 ST - 36th Floor	
CITY-ST-ZIP	MIAMI, Fla 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVEN R. SHAPIRO	
STREET ADDRESS	11111 BISCAYNE BLVD 1154	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* Director Date Daytime Phone #

CR2E034 (11/98)