


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

FILED  
Apr 20 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 # P97000105003 (2)

1. Corporation Name  
CARDIOGUARD IMAGING OF ORLANDO, INC.



Principal Place of Business 1320 NOBLE ST. LONGWOOD FL 32750	Mailing Address 1320 NOBLE ST. LONGWOOD FL 32750
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3872 Oakwater Circle Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32806 Country 25 USA		2a. Mailing Address 26 490 North Street Suite, Apt. #, etc. 27 Suite 132 City & State 28 Longwood, FL Zip 29 32750 Country 30 USA		3. Date Incorporated or Qualified 12/12/1997	4. FEI Number 59-3482243 Applied For 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

SUTMIRE, JOHN I  
1320 NOBLE ST.  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name Sutmire, John I.	82 Street Address (P.O. Box Number is Not Acceptable) 490 North Street	83 Suite 132	84 City Longwood	85 Zip Code FL 32750
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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, typed or printed name of registered agent and title if applicable

(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 P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUTMIRE, JOHN I		1.2 NAME	
STREET ADDRESS 1320 NOBLE ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 32750		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME John I. Sutmire	
STREET ADDRESS		2.3 STREET ADDRESS 1320 Noble Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Longwood, FL 32750	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 John I. Sutmire Pres 4/10/98 (407)339-2220

CR2E034 (10/97)