


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 30 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S24230 (2)

1. Corporation Name
GAMMA DIAGNOSTICS, INC.



Principal Place of Business 600 S. NOKOMIS AVENUE #203 VENICE FL 34241	Mailing Address 600 S. NOKOMIS AVENUE #203 VENICE FL 34241
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1880 Arlington St Suite, Apt. #, etc. 22 Suite 109 City & State 23 SARASOTA, FL Zip 24 34239	2a. Mailing Address 26 1880 Arlington St Suite, Apt. #, etc. 27 Suite 109 City & State 28 Sarasota, FL Zip 29 34239	3. Date Incorporated or Qualified 01/10/1991	3a. Date of Last Report 04/18/1996
		4. FEI Number 65-0235312	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

DART, FORD, STRELEC & SPIVEY, P.A.
1549 RINGLING BLVD.
SUITE 600
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name **Albert A Sanchez, Jr PA**
82 Street Address (P.O. Box Number is Not Acceptable) **1133 4th St Suite 300**
83
84 City **SARASOTA** **85 Zip Code** **FL 34236**

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MYERS, GENE E.	
STREET ADDRESS	600 S. NOKOMIS AVENUE, #302	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRICK, WILLIAM F.	
STREET ADDRESS	600 S. NOKOMIS AVENUE, #302	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2540 S. TAMiami Trail
1.4 CITY-ST-ZIP	SARASOTA FL 34239
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1880 Arlington St Suite 109
2.4 CITY-ST-ZIP	SARASOTA, FL 34239
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	S. William King
3.4 CITY-ST-ZIP	1880 Arlington St Suite 109
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Michael Mumma
4.4 CITY-ST-ZIP	1880 Arlington St Suite 109
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 do 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: *[Signature]* DATE: **01-17-1990**

CP2E034 (4/97)