

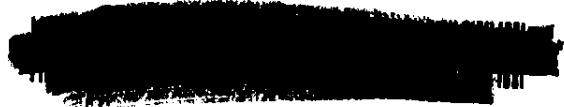
RECORD NUMBER FOR FILING WILL BE PROVIDED ON OR AFTER SEPTEMBER 17, 1997.  
 REINSTATE ON OR BEFORE 01/07/97. \$50 IF DISSOLVED. (MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 May 07 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT  
**1998**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S24230** (2)  
 Corporation Name  
**GAMMA DIAGNOSTICS, INC.**

Principal Place of Business Mailing Address  
**600 S. NOKOMIS AVENUE #203 VENICE FL 34241**  
**600 S. NOKOMIS AVENUE #203 VENICE FL 34241**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1880 Arlington St Suite 109 Sarasota, FL 34239**  
**1880 Arlington St Suite 109 Sarasota, FL 34239**

3. Date Incorporated or Qualified **01/10/1991** 3a. Date of Last Report **04/18/1998**  
 4. FEI Number **65-0235312** Applied For  Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing This Party Contribution  \$5.00 May Be Added to Fees  
 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

Name and Address of Current Registered Agent  
**DART, FORD, STRELEC & SPIVEY, P.A.**  
**1549 RINGLING BLVD. SUITE 600 SARASOTA FL 34236**

8. 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** FL 85 Zip Code **34236**

Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]* (NOTE: Registered Agent's signature required when resigning) DATE

OFFICERS AND DIRECTORS		REGISTERED AGENTS	
1. TITLE D 2. NAME MYERS, GENE E. 3. STREET ADDRESS 600 S. NOKOMIS AVENUE, #302 4. CITY - ST - ZIP VENICE FL	<input checked="" type="checkbox"/> DELETE 1998	1. TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 2. NAME 3. STREET ADDRESS 2540 S. TAMMAM TRAIL 4. CITY - ST - ZIP SARASOTA FL 34239	
1. TITLE D 2. NAME CRICK, WILLIAM F. 3. STREET ADDRESS 600 S. NOKOMIS AVENUE, #302 4. CITY - ST - ZIP VENICE FL	<input type="checkbox"/> DELETE	2. TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 2.2 NAME 2.3 STREET ADDRESS 1820 ARLINGTON ST SUITE 109 2.4 CITY - ST - ZIP SARASOTA, FL 34239	
1. TITLE D 2. NAME S. WILLIAM KING 3. STREET ADDRESS 1880 ARLINGTON ST SUITE 109 4. CITY - ST - ZIP SARASOTA, FL 34239	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME S. WILLIAM KING 3.3 STREET ADDRESS 1880 ARLINGTON ST SUITE 109 3.4 CITY - ST - ZIP SARASOTA, FL 34239	
1. TITLE D 2. NAME MICHAEL MUMMA 3. STREET ADDRESS 1820 ARLINGTON ST SUITE 109 4. CITY - ST - ZIP SARASOTA, FL 34239	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME MICHAEL MUMMA 4.3 STREET ADDRESS 1820 ARLINGTON ST SUITE 109 4.4 CITY - ST - ZIP SARASOTA, FL 34239	
1. TITLE D 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/> 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
1. TITLE D 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/> 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	000002519670 -05/12/98--01019--020 ***150.00

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 of Block 3, if provided, or on an attachment with an address.