

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

FILED
Mar 10 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 # **S29342** (0)
1. Corporation Name
ST. LUCIE DIAGNOSTIC CORPORATION



Principal Place of Business 2215 NEBRASKA SUITE 1E FT. PIERCE FL 34950-9332 US	Mailing Address 2215 NEBRASKA SUITE 1E FT. PIERCE FL 34950-9332 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1991	
4. FEI Number 65-0241149	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent SUBRAMANIAN, DR N 7204 ELYSE CIRCLE FT PIERCE FL 34981		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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

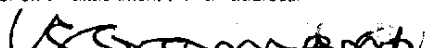
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1900 NEBRASKA AVE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	FT PIERCE FL	2.1 TITLE	2.2 NAME
TITLE	VPD	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
NAME	PLATZKE MD, BRUCE	3.1 TITLE	3.2 NAME
STREET ADDRESS	2215 NEBRASKA	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	FT PIERCE FL	4.1 TITLE	4.2 NAME
TITLE	TD	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME	SUBRAMANIAN, NANJAPPA	5.1 TITLE	5.2 NAME
STREET ADDRESS	2215 NEBRASKA	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP	FT PIERCE FL	6.1 TITLE	6.2 NAME
TITLE	DS	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
NAME	NAYYAR, MANJULA		
STREET ADDRESS	2580 RHODE ISLAND AVE		
CITY-ST-ZIP	FT PIERCE FL		
TITLE			
NAME			
STREET ADDRESS			
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:



2/27/98 561-461-2355

CR2E034 (10/97)