
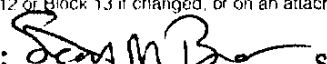


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

97 APR 28 AM 6:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 150113 1. Corporation Name BROOKWOOD DIAGNOSTIC CENTER OF TAMPA, INC.			
Principal Place of Business 3820 State Street Santa Barbara, CA 93105		Mailing Address c/o Mary Yumibe 3820 State Street Santa Barbara, CA 93105	
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	
3. Date Incorporated or Qualified 7/13/92		3a. Date of Last Report 1996	
4. FEI Number 76-0375014		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent C T Corporation System 1200 S. Pine Island Road Plantation, FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box, etc.) 83 City 84 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 in lieu of with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 DELETE 1.6 TITLE 1.7 NAME 1.8 STREET ADDRESS 1.9 CITY-ST-ZIP 1.10 DELETE 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY-ST-ZIP 1.15 DELETE 1.16 TITLE 1.17 NAME 1.18 STREET ADDRESS 1.19 CITY-ST-ZIP 1.20 DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 DELETE 2.6 TITLE 2.7 NAME 2.8 STREET ADDRESS 2.9 CITY-ST-ZIP 2.10 DELETE 2.11 TITLE 2.12 NAME 2.13 STREET ADDRESS 2.14 CITY-ST-ZIP 2.15 DELETE 2.16 TITLE 2.17 NAME 2.18 STREET ADDRESS 2.19 CITY-ST-ZIP 2.20 DELETE			
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:  Scott M. Brown, Secretary 4/24/97 805/563-7075			

CR2E034 (9/96)