

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K25694 (6)**

1. Corporation Name
E.S.R. - DIAGNOSTICS INCORPORATED



Principal Place of Business Mailing Address
% DR. ERNESTO S. RODRIGUEZ
9055 S.W. 87TH AVE. #311
MIAMI FL 33176

3. Date Incorporated or Qualified **06/08/1988** 3a. Date of Last Report **04/10/1995**
4. FEI Number **65-0054913** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **E.S.R. DIAGNOSTICS, INC.** 26 **E.S.R. DIAGNOSTICS, INC.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **899 SW 86 CT.** 27 **899 SW 86 CT.**
City & State City & State
23 **MIAMI, FL** 28 **MIAMI, FL**
Zip Country Zip Country
24 **33144** 25 **DADE** 29 **33144** 30 **DADE**

9. Name and Address of Current Registered Agent
RODRIGUEZ, ERNESTO S. DR
9421 SW 12 STREET
MIAMI FL 33714

10. Name and Address of New Registered Agent
81 Name **RODRIGUEZ, ERNESTO S.**
82 Street Address (P.O. Box Number is Not Acceptable) **899 SW 86 CT.**
83
84 City **MIAMI** 85 Zip Code **FL 33144**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and true if applicable) (NOTE: Registered Agent signature required when agent changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	RODRIGUEZ, ERNESTO S. DR	1.2 NAME	RODRIGUEZ, ERNESTO S.
STREET ADDRESS	9421 SW 12 STREET	1.3 STREET ADDRESS	899 SW 86 CT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33144
TITLE	ST	2.1 TITLE	ST
NAME	RODRIGUEZ, JOSSIE M.	2.2 NAME	RODRIGUEZ, JOSSIE M.
STREET ADDRESS	9421 SW 12 STREET	2.3 STREET ADDRESS	899 SW 86 CT.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33144
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jossie Rodriguez* Date: **1-25-96** Daytime Phone #: **267-4001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)