

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000007958 (1)**

1. Corporation Name

AMERICAN MEDICAL DIAGNOSTIC CENTER INC.



Principal Place of Business

**4700 NW 7 ST
STE 318
MIAMI FL 33126-2252**

Mailing Address

**4700 NW 7 ST
STE 318
MIAMI FL 33126-2252**

3. Date Incorporated or Qualified
01/01/1993

3a. Date of Last Report
05/11/1995

4. FET Number
65-0381711

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 **1385 Coral Way**

Suite, Apt. #, etc.

22 **SUITE 201-B**

City & State

23 **MIAMI FL**

Zip

24 **33145**

Country

25 **USA**

2a. Mailing Address

26 **4700 N.W 7ST**

Suite, Apt. #, etc.

27 **SUITE 318**

City & State

28 **MIAMI FL**

Zip

29 **33126**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**RODRIGUEZ, OLGA L
4700 NW 7 ST
STE 318
MIAMI FL 33126-2252**

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

OLGA L. Rodriguez

(Signature, typed or printed name of registered agent, and then the appropriate)

4-15-96

(Date)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RODRIGUEZ, OLGA L**
STREET ADDRESS **4700 NW 7 ST #318**
CITY-ST-ZIP **MIAMI FL 33126-2252**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

OLGA L. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olga

4-15-96/285-1314
Date

CR2E034 (12/95)