

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**1385 CORAL WAY  
SUITE 201-B  
MIAMI FL 33145  
US**

Mailing Address

~~**4700 N.W. 7 ST  
SUITE 318  
MIAMI FL 33126-2252  
US**~~

3. Date Incorporated or Qualified **01/01/1993** 3a. Date of Last Report **04/18/1996**

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 **US**

2a. Mailing Address

26 **1385 Coral Way**

Suite, Apt. #, etc

27 **Suite 201-B**

City & State

28 **Miami, FL.**

Zip

29 **33145**

Country

30 **US**

4. FEI 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

9. Name and Address of Current Registered Agent

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

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

TITLE  DELETE  
NAME **D 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  
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TITLE  DELETE  
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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 **D**  Change  Addition  
1.2 NAME **RODRIGUEZ OLGA L**  
1.3 STREET ADDRESS **1385 Coral Way Suite 201-B**  
1.4 CITY - ST - ZIP **Miami, FL. 33145**

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 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:

*Olga L. Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)