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FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1385 CORAL WAY
STE #201-B
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 330 SW. 27 ave.

Suite, Apt. #, etc.

22 507

City & State

23 Miami FL.

Zip

24 33135

Country

25 Dale

2a. Mailing Address

26 330 SW. 27 ave.

Suite, Apt. #, etc.

27 507

City & State

28 Miami FL.

Zip

29 33135

Country

30 Dale

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

Barral, Mario R.

82 Street Address (P.O. Box Number is Not Acceptable)

330 SW. 27 ave.

83

Ste 507

84 City

Miami

FL

85 Zip Code

33135

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

Mario R. Barral

2/14/98

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 RODRIGUEZ, OLGA L
STREET ADDRESS 1385 CORAL WAY, #201-B
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PD
1.3 STREET ADDRESS Barral, Mario R
1.4 CITY-ST-ZIP 330 SW 27 ave. Suite 507
Miami FL. 33135

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 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: Mario R. Barral

2/14/98 (305) 649-6800

CR2E034 (10/97)