

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 JAN 27 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000061838 (6)**

1. Corporation Name

**CONSULTANT, DIAGNOSTIC AND IMAGING, INC.**

Principal Place of Business

855 W 69TH ST  
HALEAH FL 33014

Mailing Address

855 W 69TH ST  
HALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 445 SW 17 Ave

2a. Mailing Address

26 445 SW 17 Ave.

4. FEI Number

65-0519799

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Miami, FL

City & State

27 Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 33135

Country

25 SADE.

Zip

29 33135

Country

30 SADE.

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

QUESADA, ANTONIO  
1383 NW 34TH AVE  
MIAMI FL 33125

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 a copy has been filed in or, Section 607.0505, Florida Statutes.

SIGNATURE

*Antonio Quesada*

ANTONIO QUESADA D.P.

1-13-95

Sign in ink or printed name of registered agent and file of application.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	QUESADA, ANTONIO	1383 NW 34TH AVE	MIAMI FL 33125
DV	RODRIGUEZ, LOANIA B	855 W 69TH ST	HALEAH FL 33014
DS	QUESADA, MARIBEL B	1383 NW 34TH AVE	MIAMI FL 33125
DT	RODRIGUEZ, ARIEL C	855 W 69TH ST	HALEAH FL 33014

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this document 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 trustee or trustee appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or as an attachment, on an address.

SIGNATURE:

*Antonio Quesada*  
ANTONIO QUESADA D.P.

1-13-95 (305) 644.333.7