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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400065994 (3)

ATLANTIC DIAGNOSTIC CENTER INC.

Principal Place of Business Mailing Address
2672 SW 137TH AVENUE 2672 SW 137TH AVENUE



MIAMI FL 33	175		MIAMI FL 3	MIAMI FL 33175							
								3. Date Incorporated or Qualified 09/08/1994	3a. Date	of Last 5/01/1	
2. Principal Pla	2a. Mailing Add	2a. Mailing Address				4. FEI Number			Applied For		
21			26	26				65-0518015			Not Applicable
Suite. Apt. #	t, etc.		h	Suite, Apt. #, etc.				5. Certificate of Status Desired	П		5 Additional
22				27				- 4			Required
City & State			City & State	3				Election Campaign Financing Trust Fund Contribution			00 May Be
Z (p		Country	Zip	Т	Cour	nto/		8. This corporation has liability for	intenable te		ed to Fees
24		25	29		30	,			∏ No	V 20-1001	3 155.057
		and Address of Curre						10. Name and Address of New F		gent	
						81	Name				
HERNANDEZ, ARMANDO CPA 520 BILTMORE WAY						82	Stroot Add	Street Address (P.O. Box Number is Not Acceptable)			
						02	Sileet Add	oress (F.O. Box Number is indicacceptable)			
CORAL GABLES FL 33134						83					
					}	84	City			85	Zip Code
									FL		
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE _	Signature, typed	or pented name of registere taly:		(MCITE	Registeres	Agent	l suprative os pav	en when revisial by	EATE		i
12.		OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	and a service of the service of the service of		
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NAME		ALFREDO			1.2 NA						
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STREET ADDRESS											
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NAME					6 2 N4	ME					
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CITY-ST-ZIP					6.4 Ci	[Y - \$]	T · Z¹P				
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4. I do hereby certify that the information supplies with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 congretion 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 it changes for an attachment with an address.

SIGNATURE: 2

EARD TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

×4/22/96 ×(905)221-9989