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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000089491 (2)

DOCUMENT # P9400089491 (2) KENDALL-PERRINE DIAGNOSTIC CENTER, INC.						
rincipal Place of	of Business	Mailing Address)	IB IBIBI IIBI IBBI
12967 S.W. 145RD LANE MIAMI PC 33188		12367 S.W. 143RD LANI MIANUTE 33186	E	- and - g		
				 Date Incorporated or Qualified 12/09/1994 	3a. Date of Last R 05/01/19	
	ce of Business	2a. Mailing Address		4. FEI Number	⊢	Applied For
9299		26 92995W	152 81	65-0547863		Not Applicable Additional
Suite, Apt. #		Suite, Apt. #, etc.	1	5. Certificate of Status Desired	1 1 7 7 7	Pagairional Required
207		City & State .		6. Election Campaign Financing	\$5.0	O May Be
HIOI	mi - Florida .	28 MIAMI	Florida	Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		199.032,
3215	5 7 25	29 F I	30 🗓	Florida Statutes Yes 10. Name and Address of New F	⊠ No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New H	radistated whent	
					<u></u>	
SANCH	EZ-GALARRAGA, JORGE		82 Street A	Address (P.O. Box Number is Not Acceptab	ole)	
	ONCE DE LEON BLVD.		83			
SUITE 3					Apr 7.	- O-ds
CORAL.	GABLES FL 33134		1 84 City		FLIT	p Code
SNATURE .	Torus ayord	(1) President		rporation submits this statement for the pulboard of directors. I hereby accept the app	rpose of changing its ointment as registered	registered officed agent. I am
IGNATURE .	Signature, typed or printed partie of registered ager	(1) President	E Registered Agent signature re 13. 1.1 TITLE	aquired when reinstating) ADDITIONS/CHANGES TO OFF Proceedic Not	DATE	' 6
GNATURE 2. LE	Signature, typed or printed partie of registered agen OFFICERS AN D MORALES, SONIA	The studies (NOTI ND DIRECTORS	E Registered Agent signature re 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF Preside wt Service Morphes	DATE FICERS AND DIRECTO Change	ORS IN 12
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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 proceiver or trustee empowered to execute this report as required by Chapter 607, Florida Stalutes; and that my name appears in Block 12 or Block 13, changed, or on an attackment with an address.

OFFICER OR DIRECTOR

420-96 28 2333850 Date Date Prome Pr