

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000089491
 1. Corporation Name

Kendall-Ferrine Diagnostic Center, Inc.
 Principal Place of Business Mailing Address

2. Principal Place of Business
 21. 9299 SW 152 St.
 22. # 207
 23. Miami Florida
 24. 33157

2a. Mailing Address
 26. Suite, Apt #, etc.
 27. City & State
 28. Zip
 29. Country

3. Date Incorporated or Qualified *10-24-94
 3a. Date of Last Report na
 4. FEI Number *65-0547863
 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
JORGE SANCHEZ GALARRAGA
1313 PONCE DE LEON BLV. #301
Coral Gables, FL 33134

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

1. NAME: **BONIA MORALES** DELETE
 2. STREET ADDRESS: **12367 SW 143 Lane**
 3. CITY-STATE-ZIP: **MIAMI FL 33186**

4. NAME: DELETE

5. NAME: DELETE

6. NAME: DELETE

7. NAME: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
 1.2 NAME: **Sonia Morales**
 1.3 STREET ADDRESS: **12367 SW 143 Lane**
 1.4 CITY-STATE-ZIP: **MIAMI FL 33186**

2.1 TITLE: Change Addition

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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: *[Signature]* **BONIA MORALES** 3-26-97 305)233-3850
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)