

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000090083 (4)**

1. Corporation Name

**KENDALL IMAGING SERVICES, INC.**



Principal Place of Business

Mailing Address

9745 SW SUNSET DR  
116E  
MIAMI FL 33173  
US

9745 SW SUNSET DR  
116E  
MIAMI FL 33173  
US

2. Principal Place of Business

2a. Mailing Address

21. State Appointed

26. State Appointed

22. City & State

27. City & State

23. Zip

25. Zip

28. Zip

30. Country

g. Name and Address of Current Registered Agent

OTERO, TOMAS M  
11247 SW 153 PL  
MIAMI FL 33196

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0540285

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 has liability for antitakeover tax under s. 199.032, Florida Statutes.

Yes  No

10. Name and Address of New Registered Agent

81. Name: **ARTURO N. RODRIGUEZ**  
82. Street Address (P.O. Box Number is Not Acceptable):  
**9745 SUNSET DR**  
83. **SUITE 116E**  
84. City: **MIAMI** FL 85. Zip Code: **33173**

11. Pursuant to the provisions of Section 199.032, 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 authorized to accept this appointment on behalf of the corporation, Florida Statutes.

SIGNATURE

**ARTURO N. RODRIGUEZ** 2/9/96  
Date of Appointment

12. OFFICERS AND DIRECTORS

NAME	OFFICE	STATUS
OTERO, TOMAS M 11247 SW 153 PL MIAMI FL 33196	P	<input checked="" type="checkbox"/> DELETED
RODRIGUEZ, ARTURO 8865 SW 76 TERR MIAMI FL 33173	V	<input type="checkbox"/> DELETED
		<input type="checkbox"/> DELETED
		<input type="checkbox"/> DELETED
		<input type="checkbox"/> DELETED
		<input type="checkbox"/> DELETED
		<input type="checkbox"/> DELETED
		<input type="checkbox"/> DELETED
		<input type="checkbox"/> DELETED
		<input type="checkbox"/> DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	OFFICE	STATUS
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information furnished is true and correct, and does not qualify for the exemption stated in Section 199.032(4)(a), Florida Statutes. I further certify that the information indicated in Section 199.032(4)(b) of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the issuer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and if at my name appears in Back 12 or Back 13 of this report, I am not a current officer or director.

SIGNATURE:

**ARTURO N. RODRIGUEZ** 2/9/96 (305) 598-0070  
Date of Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)