

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90012 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # [REDACTED]
 1. Corporation Name
 PHYSICIANS DIAGNOSTIC SYSTEMS

Principal Place of Business: 1840 Coral Way, Miami, Fl 33145, Suite 203
 Mailing Address: 1840 Coral Way, Miami, Fl 33145, Suite 203

21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Mailing Address		City & State		City & State		Country	
1840 Coral Way		1840 Coral Way		Miami, Fl		Miami, Fl		USA	
Suite, Apt. #, etc.: 203		Suite, Apt. #, etc.: 203		Zip		Zip		Country	
33145		33145		USA		33145		USA	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/97

4. FEI Number: 65-0772181 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
 Steven Lederer
 2450 Northeast Miami Gardens Drive.
 North Miami Beach, Fl 33180

10. Name and Address of New Registered Agent

81 Name: Mark M. Carroll
 82 Street Address (P.O. Box Number is Not Acceptable): One Biscayne Place, Suite 403
 83 11098 Biscayne Blvd.
 84 City: Miami, Fl
 85 Zip Code: 33161

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 the obligations of section 607.0505, Florida Statutes.

SIGNATURE: *Rachelle Weiss* DATE: 7/15/99

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Rachelle Weiss	
STREET ADDRESS	524 Aragon Ave. Coral Gables, Fl 33145	
CITY-ST-ZIP		
TITLE	Executive Vice President	<input type="checkbox"/> DELETE
NAME	Jack A. Press	
STREET ADDRESS	530 Melaleuca Ln. Miami, Fl 33145	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I 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; 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 of this filing.

SIGNATURE: *Rachelle Weiss* DATE: 7/15/99

593782-90012-38

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**Physicians
Diagnostic
Systems, Inc.**

July 15th, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom it may concern:

Enclosed please find the Profit Corporation Annual Report for 1999. I am enclosing the payment for \$150.00, this is due to the fact that I never received it. Please note the change of the Registered agent, as the previous one has deceased. Please let me know if this is going to cause any problems.

Sincerely,



Rachelle Weiss, President