

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

FILED

**Apr 29 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # V09693 (5)
 1. Corporation Name
DIAGNOSTIC AND TREATMENT MEDICAL GROUP CORP.



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| Principal Place of Business 10640 NW 27 ST SUITE 103 MIAMI FL 33172 US | Mailing Address P O BOX 2682 SUITE 118 HALEAH FL 33012-0682 US |
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| 3. Date Incorporated or Qualified 01/28/1992 | 3a. Date of Last Report 06/19/1996 |
| 4. FEI Number 65-0312241 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country |
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9. Name and Address of Current Registered Agent
**GARCIA-CARRANZA, CARLOS
 6175 NW 153 STREET
 SUITE 103
 MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ DATE **4/21/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT GARCIA-CARRANZA, CARLOS 8239 NW 199 ST. MIAMI FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | P GARCIA-CARRANZA, CARLOS 3254 S.W. 175 AVE. MIRAMAR FL 33029 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 in an attachment with an address.

SIGNATURE: _____ **DATE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)