

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90003 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 599983

1. Corporation Name

DEPARTAMENTO EXAMENES RADIOLOGICOS, INC.

DEPT. OF RADIOLOGY EXAMINATIONS, INC.



Principal Place of Business

Mailing Address

3528 W. 14TH AVE  
 HIALEAH FL 33012

3528 W. 14TH AVE  
 HIALEAH FL 33012

711 N.W. 23 AVE #204  
 MIAMI, FL 33125

711 N.W. 23 AVE #204  
 MIAMI, FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1979

4. FEI Number

59-1924626

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MORENO, NANCY  
 3528 WEST 14TH AVE.  
 HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name Joseph Alphonso Rodriguez  
 82 Street Address (P.O. Box Number is Not Acceptable) 30 E 53 TER  
 83  
 84 City HIALEAH FL 85 Zip Code 33013

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, ALBERTA	
STREET ADDRESS	3528 W. 14TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, ARGELIO	
STREET ADDRESS	3528 W. 14TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, NANCY	
STREET ADDRESS	1412 W. 40TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, BERTHA	
STREET ADDRESS	3528 W. 14TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Adoracion Hernandez	
1.3 STREET ADDRESS	30 E 53 terrace	
1.4 CITY-ST-ZIP	Hialeah, FL 33010	
2.1 TITLE	D-S/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph Alphonso Rodriguez	
2.3 STREET ADDRESS	30 E 53 TER	
2.4 CITY-ST-ZIP	HIALEAH FL 33013	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* 1/20/99 305-642-0596  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)