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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90037 044 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K22408

1. Corporation Name

Principal Place of Business

4204 W. 12TH AVENUE

WEST DIAGNOSTIC CENTER, INC.

indicated on this annual report or support or support or director of the corporation Block 12 or Block 13 if changed, or support of the corporation of the corporatio

4204 W. 12TH AVENUE HIALEAH FL 33012		4204 W. 12TH AVENUE HIALEAH FL 33012		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 05/03/1988		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0048144		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Codificate of Status Desired	\$8.7	5 Additional
22		27			5. Certificate of Status Desired	Fee	Required -
City & Stat	9	City & State			6. Election Campaign Financing	\$5.	00 мау Ве
23		28			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible	
24	25	29 30	]		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered	gent	·
			81	Name			
CAS	TANO, IVAN D.						
13479 SW 30 ST			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAI	N FL 33175		83				
			100		· Control of the cont		
			84	City		85	Zip Code
				<u></u>	FL poration submits this statement for the purpose of	بلب	
SIGNATURE	rn familiar with, and accept the obligation familiar with, and accept the obligation of familiar with a specific familiar				ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Char	nge
NAME.	CASTANO, IVAN D.		1.2 NAME				]
STREET ADDRESS	13479 SW 30 ST		1.3 STREET	r ADDRESS			
***************************************	MIAMI FL		1.4 CITY-S	ĺ			ľ
CITY-ST-ZIP TITLE	SD	☐ DELETE	2.1 TITLE			Cha	nge Addition
ļ	CASTANO ANA ELA		2.2 NAME			_	· -
NAME	13479 S.W. 30TH STREET		2.3 STREET	F 4 D D D T C C			1
STREET ADDRESS	MIAMI FL						
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.4 CITY-5	51-ZIP		Char	nge Addition
TITLE		- DELETE	3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				<b>k</b>
CITY-ST-ZIP		Florita	3.4. CITY- S	ST-ZIP		☐ Cha	nge Addition
TITLE		☐ DELETE	4.1 TITLE	ļ		□ она	ingo Madalasii
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	T ADDRESS			
CITY-ST-ZIP			44 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	nge Addition
NAME			5.2 NAME		·		
STREET ADDRESS		i	5.3 STREET	TADDRESS			}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	·		
TITLE		☐ DELETE	6.1 TITLE			Chai	nge
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			
							ľ

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 appliements 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 of the c

ess, with all other like empowered.