FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K30069 (4)

1. Corporation Name

PROFESSIONAL MEDICAL DIAGNOSTIC CENTER INC.

Principal Place of Business	Mailing Address
489 HIALEAH DR BAY #5 HIALEAH FL 33010	489 HIALEAH DR BAY #5 HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 08/02/1988
3a. Date of Last Report: 08/02/1994
4. FEI Number: 65-0065770 — ☐ 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUES, GABINO A.
489 HIALEAH DR #5
#M125
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: GABINO M. RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 489 HIALEAH DR. #5
83
84 City: HIALEAH FL 85 Zip Code: 33010

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 X [signature] — 01-26-95 DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, GABINO A.
STREET ADDRESS	8323 NW 188 TERR
CITY-ST-ZIP	MIAMI GARDENS FL
TITLE	[illegible]
NAME	[illegible]
STREET ADDRESS	[illegible]
CITY-ST-ZIP	[illegible]
TITLE	
NAME	[illegible]
STREET ADDRESS	[illegible]
CITY-ST-ZIP	[illegible]
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☒ Change ☐ Addition
12 NAME	RODRIGUEZ, GABINO M.	
13 STREET ADDRESS	8323 NW 188 Terr	
14 CITY-ST-ZIP	MIAMI GARDENS, FL 33015	
21 TITLE	VP	☐ Change ☒ Addition
22 NAME	RODRIGUEZ, CIRA M.	
23 STREET ADDRESS	8323 NW 188 Terr	
24 CITY-ST-ZIP	MIAMI GARDENS, FL 33015	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X [signature] GABINO M. RODRIGUEZ — 01-26-95 — (305) 887-8309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0422400 FP