

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 18 1997 8:00am
Secretary of State

DOCUMENT # K30069 (4)
1. Corporation Name
PROFESSIONAL MEDICAL DIAGNOSTIC CENTER INC.

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

Mailing Address
489 HIALEAH DR BAY #5
HIALEAH FL 33010



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1988		3a. Date of Last Report 04/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0065770		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RODRIGUEZ, GABINO M. 489 HIALEAH DR #5 #M125 HIALEAH FL 33010				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	RODRIGUEZ, GABINO M	1.1 TITLE		Change	Addition
STREET ADDRESS	8323 NW 188 TERR			1.2 NAME			
CITY-ST-ZIP	MIAMI GARDENS FL			1.3 STREET ADDRESS			
TITLE	VP	NAME	RODRIGUEZ, CIRA M.	1.4 CITY-ST-ZIP			
STREET ADDRESS	8323 NW 188TH TERRACE			2.1 TITLE		Change	Addition
CITY-ST-ZIP	MIAMI GARDENS FL			2.2 NAME			
TITLE	JOSE A. ALVAREZ V.P.	NAME	489 Hialeah Dr # 5	2.3 STREET ADDRESS			
STREET ADDRESS	Hialeah, FL 33010			2.4 CITY-ST-ZIP			
CITY-ST-ZIP				3.1 TITLE		Change	Addition
TITLE		NAME		3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		Change	Addition
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE		Change	Addition
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		Change	Addition
TITLE		NAME		6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/97

887-8309

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CR2E034 (9/96)