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

Mailing Address

MIAMI FL 33176

STE 212

8700 N. KENDALL OR.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K36928

1, Corporation Name

Principal Place of Business

8700 N. KENDALL DR.

STE 212

MIAMI FL 33176

FLORIDA DIAGNOSTIC SERVICES CORP.

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9. Name and Address of Current Registered Agent ELIAS, ROBERT S. 8700 NORTH KENDALL DRIVE SUITE 212 MIAMI FL 33176 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Ad City FL 85 Zip Code 87 Address (P.O. Box Number is Not Acceptable) 88 Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code FL 8	ĺ
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ELIAS, ROBERT S. 8700 NORTH KENDALL DRIVE SUITE 212 MIAMI FL 33176 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 regist 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS IN TIME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TIME 1.2 NAME SIREET ADDRESS 8700 N. KENDALL DR. MIAMI FL DELETE 1.1 TIME 1.2 LAWALE 2.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TIME 2.2 LAWALE STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TIME 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TIME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TIME 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TIME 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TIME 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.3 S	
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14. I hereby certify that the information supplied with this filling 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 a 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 any address, with all other like empowered.	n

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90021 032 ***150.00

DO NOT WRITE IN THIS SPACE