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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:57

DOCUMENT # K99206 (0)

1. Corporation Name
CHILDREN & INFANTS DIAGNOSTIC CENTER, INC.

Principal Place of Business	Mailing Address
5800 COLONIAL DR STE 205 MARGATE FL 33063	5800 COLONIAL DR STE 205 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1989
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0222722 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENZ AND BIRNBAUM
11077 BISCAYNE BLVD
SUITE 301
MIAMI FL 33161

10. Name and Address of New Registered Agent

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 _____ DATE
Signature typed to protect name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FREUNDLICH, MICHAEL M.D.	1.2 NAME	
STREET ADDRESS	5800 COLONIAL DR. S-250	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	ISKOVITZ, STEVEN M.D.	2.2 NAME	
STREET ADDRESS	5800 COLONIAL DR. S-250	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FLORES, DR. JOSE M.	3.2 NAME	
STREET ADDRESS	5800 COLONIAL DR. S-250	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BIRRIEL, JOSE M.D.	4.2 NAME	
STREET ADDRESS	5800 COLONIAL DR. S-250	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	BETH MOTZKIN M.D.
STREET ADDRESS		5.3 STREET ADDRESS	5800 COLONIAL DR S-250
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MARGATE, FL.
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: _____ 2/15/95 (305) 972-36XX
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0100384 CP