

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

FILED

Jun 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L69567 (0)  
1. Corporation Name  
NEW DIAGNOSTIC SYSTEMS & MEDICAL CENTER INC

Principal Place of Business

2490 CORAL WAY  
#203  
MIAMI FL 33145

Mailing Address

2490 CORAL WAY  
#203  
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1990

4. FEI Number

65-0191206

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

DE PAZ, ADA  
2490 CORAL WAY #203  
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name FELIX J. MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)  
255 ALHAMBRA CIRCLE

83 SUITE 380

84 City CORAL GABLES FL

85 Zip Code 33134

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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature by the person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

6-9-98

12. OFFICERS AND DIRECTORS

TITLE P  
NAME DE PAZ, ADA  
STREET ADDRESS 2490 CORAL WAY #203  
CITY-ST-ZIP MIAMI FL 33145 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE PD  
1.2 NAME VENTURA DE PAZ  
1.3 STREET ADDRESS 2490 CORAL WAY #203  
1.4 CITY-ST-ZIP MIAMI, FL 33145 ☐ Change ☒ Addition

2.1 TITLE DVPS  
2.2 NAME FELIX J. MARTIN  
2.3 STREET ADDRESS 255 ALHAMBRA CIRCLE, #380  
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 supplemental annual reports 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

VENTURA DE PAZ

6-9-98

2019270001

CR2E034 (10/97)