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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -2 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

03-10-99 90054 008 $150.00

DOCUMENT # **L69567**

1. Corporation Name
NEW DIAGNOSTIC SYSTEMS & MEDICAL CENTER INC

Principal Place of Business	Mailing Address
2490 CORAL WAY #203 MIAMI FL 33145	2490 CORAL WAY #203 MIAMI FL 33145

3. Date Incorporated or Qualified: 04/26/1990

2. Principal Place of Business	2a. Mailing Address
21 4150 NW 7 ST	26 4150 NW 7ST
Suite, Apt. #, etc. 22 Suite 207	Suite, Apt. #, etc. 27 Suite 207
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33126 Country 25 USA	Zip 29 33126 Country 30 USA

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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FELIX J MARTIN
255 ALHAMBRA CIRCLE
SUITE 380
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ADA DE PAZ
82 Street Address (P.O. Box Number is Not Acceptable): 4150 NW 7 ST. #207
83
84 City: MIAMI FL 85 Zip Code: 33126

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: [signature] 11/09/99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRESIDENT/DIRECTOR	☐ Change ☐ Addition
NAME	VENTURA DE PAZ		1.2 NAME	ADA DE PAZ	
STREET ADDRESS	2490 CORAL WAY #203		1.3 STREET ADDRESS	4150 NW 7ST, #207	
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	DVPS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FELIX J MARTIN		2.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE #203		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: [signature] REQUIRED 03-02-1999 (305) 541-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NEW DIAGNOSTIC SYSTEMS, INC.
4150 NW 7TH STREET, #207
MIAMI, FL 33126

October 18, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: New Diagnostic Systems & Medical Center, Inc.
1999 Corporation Annual Report

To Whom It May Concern:

Attached please find a copy of the check sent for this corporation. The document number is L69567, the FEI# 65-0191206 and it was incorporated on 4/26/90. I have reviewed this corporation on-line and the status for this corporation is inactive and would like to make active.

This is the new Name and Address of the Registered Agent as well as mailing address is:

Ada De Paz
4150 NW 7 ST #207
Miami, FL 33126

Also there is addition/change to officers and directors.

President / Director
Ada De Paz
4150 NW 7 ST #207
Miami, FL 33126

Please delete the previous officers/directors.

Sincerely,

Ada De Paz,
President