

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
LAWSON BUILDING, TALLAHASSEE, FL 32304

APPROVED
AND
FILED

59-1152

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43247** (9)
R. R. DIAGNOSIS CORP.

Principal Name of Corporation: **1840 W 49 STR STE 605 HIALEAH FL 33012 US**
Mailing Address: **1840 W 49 STR STE 605 HIALEAH FL 33012 US**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 12/15/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2748353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.022 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Officer's Name 21	2a. Mailing Address 26
22. State of Residence 27	23. City & State 28
24. City 25	29. Country 30

9. Name and Address of Current Registered Agent RODRIGUEZ, RAUL D. 1840 W 49 STR STE 605 HIALEAH FL 33012		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (If no number is list appropriate)			
83			
84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 227.02 and 227.026, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered principal officer in the State of Florida. Such change will be authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am a natural citizen and accept the obligations of tax law, § 199.022, Florida Statutes.

SIGNATURE _____

12. OFFICERS, ALTERNATE OFFICERS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, ETC.	
NAME D RODRIGUEZ, RAUL D. 1840 W 49 ST, STE 605 HIALEAH FL	OFFICE ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add or
NAME	OFFICE ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add or
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NAME	OFFICE ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add or

14. I, the undersigned, certify that the information required with this filing, substantially furnished and true, and qualify for the exemption stated in Section 199.022(1)(b), Florida Statutes. I further certify that the information indicated on the annual report of organizational affairs reported on here and in state and that my signature is in accordance with the corporate laws of Florida and that the signature of the corporation is in accordance with the corporate laws of Florida. I am a natural citizen and accept the obligations of tax law, § 199.022, Florida Statutes, and that my name appears in Block 1 of the back of this report or on any other report with an address.

SIGNATURE: *R. Rodriguez* **PRASIDENT RAUL D. RODRIGUEZ, M.D.** 5/1/95 59-1152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR