## 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 May 31, 2000 8:00 am Secretary of State

05-31-2000 90098 043 \*\*\*150.00

## **DOCUMENT # M76891**

1. Corporation Name

DIAGNOSTIC IMAGING TECH SERVICE, INC.

			<u> </u>				3
	e of Business	Mailing Address			14		
1220 SW 20TH CIANN FL 3315	I STREET 127605-ω-145T	8220 SW 30TH STREET MIAM FL 33155	1276	9 5W 19	<b>3</b> 1		
18	MAMI FI	JIS .	mapm	: Pl	DO NOT WRITE IN T	HIS SPACE	
	33184		3	) SW 14 F1 3184	3. Date Incorporated or Qualifed 04/18/1988		
2. Principal Place of Business • 2a. Mailing Address				-	4. FEI Number	A	pplied For
12760 SW14St 26 12760 SW1			W 1450		65-0046637.		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Additional
·! ·=		27			o. Johnson V. Caraba D. Ca	Fee:R	equired == ==
City & State City & State			FL		6. Election Campaign Financing	•	May Be
MIA	mi th	28 M/AMI			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	USA	8. This corporation owes the current year	r Intangible ☐ Yes	XΝο
3314		29 33/48	30	4311	Personal Property Tax.  10. Name and Address of New Register		ZINO
	9. Name and Address of Current	Registered Agent		1 Name	To. Haille and Address of New Neglister	ed Agent	···
CENTENO, RAUL							
8220 SW 30TH ST				Street Addr	ess (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33155		1	3			
			8	City		<b>-</b> L   85   Zip	Code
IGNATURE	Signature, typed or printed name of registered agent			gent signature require			ODO 151 42
2	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
ITLE	PTSV	☐ DELETE				☐ Change	
AME	CENTENO, RAUL 8220 SW 30TH ST		1.2 NAM				
TREET ADDRESS	MIAMI FL	·		ET ADDRESS			
ITY-ST-ZIP	D MICHAELE	☐ DELETE		-ST-ZIP		☐ Change	[ ] Additio
ITLE	CENTENO, LORRAINE		2.1 HL	1	•		
AME	8220.SW.30TH ST			EET ADDRESS			
TREET ADORESS	MIAMI FL			-ST-ZIP			
TY-ST-ZIP TLE	D	☐ DELETÉ				Change	☐ Addition
AME	CENTENO, RAUL	_	3.2 NAM	j	•	_	
TREET ADDRESS	COOC CILL COTILL CT			ET ADDRESS	•		
TY-ST-ZIP	MIAMI FL			-ST-ZIP			
TLE		☐ DELETE				Change	Addition
AMÉ			4. 2 NA	IE			
TREET ADDRESS	:]		4.3 STR	ET ADDRESS		•	
ITY-ST-ZIP	1		4.4 CITY	- ST-ZIP			
TLE		☐ DELETE	1	l l		Change	Addition
AME	1		5.2 NAM	E			
TREET ADDRESS	1		5.3 STR	EET ADDRESS			
ITY-ST-ZIP				-ST-ZIP			
ITLE		☐ DELETE				☐ Change	Addition
IAME			6.2 NAM	E	,		
TREET ADDRESS	;			EET ADDRESS			
TREET ADDRESS ITY-ST-ZIP	3		6.3 STR. 6.4 CITY				

In 1. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/100

305-551-1634

Daytime Phone #

(80/11/08)