

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

FILED

Feb 03 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # M89641 (8)

1. Corporation Name
SOUTHEAST DIAGNOSTIC SERVICES, INC.



Principal Place of Business

**1870 NORTH STATE RD 7
STE 106
MARGATE FL 33063
US**

Mailing Address

**1870 NORTH STATE RD 7
SUITE 106
MARGATE FL 33063-5744**

3. Date Incorporated or Qualified

07/14/1988

3a. Date of Last Report

06/06/1996

4. FEI Number

65-0090425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes**

☐ 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

**SILVERBERG, LEON
6630 VILLA SOMRISA DRIVE
#712
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 No
82 Street Address (or P.O. Box number, if acceptable)
83 City
84 State

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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

(NOT Registered Agent signature required when reinstating)

DATE

1/27/97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	ISOLA, WILLIAM	
STREET ADDRESS	1870 N STATE RD #7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SILVERBERG, LEON	
STREET ADDRESS	1870 N STATE RD #7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDVCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SILVERBERG, LEON	
1.3 STREET ADDRESS	1870 N. STATE RD #7 STE 110	
1.4 CITY-ST-ZIP	MARGATE, FL 33063	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

1/27/97 (954) 974-0669

CR2E034 (9/96)