FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # M89768 (9)

1. Corporation Name

MIAMI-DADE PATIENTS DIAGNOSTIC SERVICES, INC.

Principal Place of Business	Mailing Address
C/O THEODORE J. SILVER 9445 BIRD ROAD. 2ND FLOOR MIAMI FL 33165	C/O THEODORE J. SILVER 9445 BIRD ROAD. 2ND FLOOR MIAMI FL 33165

3. Date Incorporated or Qualified: 07/15/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2908597 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8000 SW 67th AVE	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 MIAMI FL.	City & State 28
Zip 24 33143 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

BURAK, BARRY N.
8000 SW 67TH AVENUE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name SILVER, THEODORE J.
82 Street Address (P.O. Box Number is Not Acceptable) 9445 BIRD ROAD
83 2 nd FLOOR
84 City MIAMI FL 85 FL Zip Code 33165

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] Theodore J. Silver DATE 6/3/96

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BURAK, BARRY N.	
STREET ADDRESS	8000 SW 67TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.	☒ Change ☐ Addition
1.2 NAME	BURAK, BARRY N.	
1.3 STREET ADDRESS	8000 SW 67th AVE.	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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6/12/96

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Date 5/20/96 Daytime Phone # 305 666-9656 /132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry N. Burak Director