FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -8 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000001747 (2)**

1. Corporation Name
AMBULATORY SCANNING SERVICES, INC.

Principal Place of Business	Mailing Address
2131 S.W. 27TH AVENUE MIAMI FL 33135	2131 S.W. 27TH AVENUE MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1085 WESTWARD DRIVE	26 1085 WESTWARD DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI SPRINGS, FL	City & State 28 MIAMI SPRINGS, FL
Zip 24 33166 / Country 25 DADE	Zip 29 33166 / Country 30 DADE

4. FEI Number: 65-0461306 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORALES, ALINA R 10951 S.W. 7TH TERRACE #101 SWEETWATER FL 33174	81 Name: ALINA R. MORALES 82 Street Address (P.O. Box Number is Not Acceptable): 1085 WESTWARD DRIVE 83 84 City: MIAMI SPRINGS, FL 85 Zip Code: 33166

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 _____ DATE _____
(Signature, type and capacity of registered agent and title if applicable) (DATE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	P/T/D/S	☒ Change ☐ Addition
NAME	MORALES, ALINA R	12 NAME	MORALES, ALINA R.	
STREET ADDRESS	10951 S.W. 7TH TERRACE #101	13 STREET ADDRESS	1085 WESTWARD DRIVE	
CITY ST ZIP	SWEETWATER FL 33174	14 CITY ST ZIP	MIAMI SPRINGS, FL 33166	
TITLE	SV	21 TITLE	V/M	☐ Change ☒ Addition
NAME	NAPOLES, MARIA J	22 NAME	BENGOCHEA, ROSIE L.	
STREET ADDRESS	10951 S.W. 7TH TERRACE #101	23 STREET ADDRESS	14170 S.W. 84 ST. #F-408	
CITY ST ZIP	SWEETWATER FL 33174	24 CITY ST ZIP	MIAMI, FL 33183	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: _____ 7-17-95 (305) 887-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150220 CP