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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000007958 (1)**

1. Corporate Name
AMERICAN MEDICAL DIAGNOSTIC CENTER INC.

Principal Place of Business
4700 NW 7 ST
STE 318
MIAMI FL 33126-2252

Mailing Address
4700 NW 7 ST
STE 318
MIAMI FL 33126-2252

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or P.O. Box — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: 65-0381711 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RODRIGUEZ, OLGA L
4700 NW 7 ST
STE 318
MIAMI FL 33126-2252

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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 duties and responsibilities of registered agent, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
RODRIGUEZ, OLGA L
4700 NW 7 ST #318
MIAMI FL 33126-2252

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not guide, for the purpose stated in Section 607.0505, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95
Date

285-1314
Daytime Phone #

0122309 CP