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 # **P92000007958 (1)**

1. Corporation 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

3. Date Incorporated or Qualified: 01/01/1993
3a. Date of Last Report: 05/11/1995

2. Principal Place of Business
21 1385 Coral Way
Suite, Apt. #, etc. 22 SUITE 201-B
City & State 23 MIAMI FL
Zip 24 33145 Country 25 USA

2a. Mailing Address
26 4700 N.W 7ST
Suite, Apt. #, etc. 27 SUITE 318
City & State 28 MIAMI FL
Zip 29 33126 Country 30 USA

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 s. 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 607.0502 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: OLGA L Rodriguez — Signature, typed or printed name of registered agent — Olguez — NOTE: Registered Agent's signature required after incorporation — DATE: 4-15-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RODRIGUEZ, OLGA L	
STREET ADDRESS	4700 NW 7 ST #318	
CITY-ST-ZIP	MIAMI FL 33126-2252	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	600001786116	
4.3 STREET ADDRESS	-04/18/96--01108--026	
4.4 CITY-ST-ZIP	***200.00	
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		

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: OLGA L. Rodriguez Olguez 4-15-96 (305) 285-1314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)