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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000023002 (7)**

1. Corporation Name

QUALITY PLUS DIAGNOSTIC, INC.

Principal Place of Business	Mailing Address
6850 CORAL WAY STE 202 MIAMI FL 33155 US	7291 S.W. 13TH ST. MIAMI FL 33144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21: 6850 Coral Way
22 Suite, Apt. #, etc.: 200
23 City & State: Miami Fl
24 Zip: 33155 25 County: U.S.A.

2a. Mailing Address
26: 6850 Coral Way
27 Suite, Apt. #, etc.: 200
28 City & State: Miami Florida
29 Zip: 33155 30 County: U.S.A

4. FEI Number: 65-0398211 ☐ 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

GIL, GINA M
7291 S.W. 13TH ST.
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: Gil Gina M.
82 Street Address (P.O. Box Number is Not Acceptable): 6850 Coral Way, Ste 200
83
84 City: Miami FL 85 Zip Code: 33144

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: Gina M Gil — DATE: 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	GIL, GINA M	12 NAME	Gil, Gina, M
STREET ADDRESS	7291 S.W. 13TH ST.	13 STREET ADDRESS	6850 Coral Way Ste. 200
CITY-ST-ZIP	MIAMI FL 33144	14 CITY-ST-ZIP	Miami, Fl. 33144
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
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)(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 above, or on an attachment with an address.

SIGNATURE: Gina M Gil — 4/10/95 — (305) 662-5907
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0197403 CP