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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:30

DOCUMENT # **P93000038469 (1)**

1. Corporation Name
RIGHT ELECTRO DIAGNOSTIC CENTER, INC.

Principal Place of Business	Mailing Address
2307 SW DOUGLAS RD SUITE 403 MIAMI FL 33145	2307 SW DOUGLAS RD SUITE 403 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/28/1993
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 65-0424070 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ $9.75 Additional Fee Required
City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 Country 25
Zip 29 Country 30
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
~~ALONSO, JULIO C~~ ~~999 PONCE DE LEON BLVD~~ ~~SUITE 1040~~ ~~CORAL GABLES FL 33134~~	81 Name: LESLIE FERNANDEZ. 82 Street Address (P.O. Box Number is Not Acceptable): 2307 Douglas Road Ste. 403 83 84 City: MIAMI, FL 85 Zip Code: 33145

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 X _____ DATE
(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	~~PDT~~	11 TITLE	PRESIDENT DIRECTOR X	☐ Change ☐ Addition
NAME	~~PELAEZ, FERNANDO E~~	12 NAME	LESLIE FERNANDEZ.	
STREET ADDRESS	~~1350 ASTURIA AVE~~	13 STREET ADDRESS	1881 SW 59th Ave.	
CITY-ST-ZIP	~~CORAL GABLES FL~~	14 CITY-ST-ZIP	MIAMI, FLORIDA, 33144	
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, LESLIE	22 NAME		
STREET ADDRESS	1181 SW 59TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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 added in connection with an address.

SIGNATURE: X _____ LESLIE FERNANDEZ PDT 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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