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Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90049 004 ***150.00

PROFIT CORPORATION ANNUAL ÉEPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State ... DIVISION OF CORPORATIONS

DOCUMENT # P93000058534

1. Corporation Name

HEALTH	DIAGNOSTIC SERVICES,	INC.					
	'					il ga idi aliai urib erida	
					_	 	
Principal Place	e of Business	Mailing Address					
737 E. 10TH ST		737 E. 10 ST.		•			
HIALEAH FL 33	010	HIALEAH FL 33010 US	•		DO NOT WRITE IN	THIS SPACE	
US	•	US .			3. Date Incorporated or Qualifed	* 1110 OI AGE	
			_		08/20/1993		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0431062		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22	·	27				Fee Re	
City & State	8· 2·2·4*· * .	City & State	-	-	6. Election Campaign Financing	\$5.00	· 1
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current y		□No
24	25		30		Personal Property Tax.	Yes	
<u> </u>	9. Name and Address of Curre	ent Registered Agent	81 Na	mo	10. Name and Address of New Regis	tered Agent	
SPIN	IOLA, M ARIA C		01 140	IIIC			
			82 Str	Street Address (P.O. Box Number is Not Acceptable)			
737 E. 10TH ST. HIALEAH FL 33010							
IIAL	LPAN 1 E 00010		83				
	-		84 Cit	у		FL 85 Zip (Code
		\sim				: L	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida/Statute e of Florida. Such change was a	es, the above-nar uthorized by the o	ned corpo corporatio	oration submits this statement for the purp n's board of directors. I hereby accept the	ose or changing its appointment as re	registerea gistered
anent I a	m familiar with, and account the oblice	entions of Contion 607 0605 Flor	Id- Cinkan as		7	•	_
ayent. rai	in tarrilliar with, and accept the oblig	Janons yn, Section Gor Good Hol	iua Siappo, A	CIFF	C		
SIGNATURE	marie C	Johnson	5	oins	0LA 3-	10-99	
SIGNATURE	Signature, typed or printed name of registered ag	gent and type if applicable. (NOTE:	Registered Agent sign	ture required	when reinstating)	ATE	
SIGNATURE	Signature, typed or printed name of registered ag	gent and tyle if applicable. (NOTE:	Registered Agent signed	ture required	when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered appropriate APD	gent and type if applicable. (NOTE:	Registered Agent siggs 13. 1.1 TITLE	ture required	when reinstating)	ATE	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PO SPINOLA, MARIA C	gent and tyle if applicable. (NOTE:	Registered Agent sig & 13. 1.1 TITLE 1.2 NAME	iture required	when reinstating)	ATE RS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PO SPINOLA, MARIA C 4480 SW 5 TERR	gent and tyle if applicable. (NOTE:	Registered Agent sig s 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR	iture required	when reinstating)	ATE RS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PO SPINOLA, MARIA C 4480 SW 5 TERR MIAMI FL 33134	gent and treat applicable. (NOTE: NND DIRECTORS' DELETE	Registered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	iture required	when reinstating)	ATE RS AND DIRECTO Change	PRS IN 12 ☐ Addition
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14. I hereby certify that the information supplied with this filing 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, with an other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP