

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**

25 JUN 15 AM 8:17

DOCUMENT # P93000067223 (6)

1. Corporation Name

DIAGNOSTIC IMAGING AND TESTING, INC.

Principal Place of Business

**% 1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

Mailing Address

**% 1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/27/19933a. Date of Last Report
04/01/19944. FBI Number
65-0440062Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**7. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **6445 S. W. 8 St.**

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 **MIAMI, FLORIDA**

28

24 **33144**

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HELLMAN, MAYNARD J
1100 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

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

[Signature]

(Signature typed or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**PD
RIVERO, FEDERICO
6445 SW 8TH STREET
MIAMI FL**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**P
SORAYA TORRES
6445 S. W. 8 St.
MIAMI, FLORIDA, 33144**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP☐ Change ☐ Addition

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 110.07(3)(b), 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:*[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Printed Name)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

1995 6-1595

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

5

DOCUMENT # P93000067374 (7)

1. Corporation Name

LCM ENGINEERING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
13180 N CLEVELAND AVE
SUITE 139
N FT MYERS FL 33909
US

Mailing Address
13180 N CLEVELAND AVE
SUITE 139
N FT MYERS FL 33909
US

3. Date incorporated or Qualified 09/28/1993
3a. Date of Last Report 04/22/1994
4. FEI Number 65-0438967
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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 22 23 24
2a. Mailing Address
26 27 28 29 30
5389 MARINA DR.
Bokelia, FL
33922
USA

9. Name and Address of Current Registered Agent
MIDLAM, LEWIS C
13180 N CLEVELAND AVE
SUITE 139
N FT MYERS FL 33909

10. Name and Address of Now Registered Agent
B1 Name Lewis C. MIDLAM
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 5389 MARINA DR
B4 City Bokelia FL 85 Zip Code 33922

11. Pursuant to the provisions of Sections 607.02 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 607.02, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and then if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME MIDLAM, LEWIS C
STREET ADDRESS 13180 N CLEVELAND AVE #139
CITY, ST, ZIP N FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D
1.2 NAME MIDLAM, LEWIS C.
1.3 STREET ADDRESS 5389 MARINA DR
1.4 CITY, ST, ZIP Bokelia, FL 33922
Change Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
Change Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
Change Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
Change Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
Change Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
Change Addition

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 110.07(3)(a), 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 addendum with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

6/11/95

941-281-8242