

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 MAR -9 AM 8:48

DOCUMENT # P93000081743 (5)

1. Corporation Name

NC. DIAGNOSTIC INC.

Principal Place of Business

1131 S.W. 9TH ST.
MIAMI FL 33130

Mailing Address

1131 S.W. 9TH ST.
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/30/1993

3a. Date of Last Report

05/20/1994

4. FEI Number

65-0451228

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

2. Principal Place of Business

21 8491 NW 185 TERR

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Miami Florida

27 City & State

28

Zip

24 33015

Country

25 Dade

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BESTARD, DANIEL E
1131 S.W. 9TH ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name BESTARD, DANIEL E

82 Street Address (P.O. Box Number is Not Acceptable)

8491 NW 185 TERR

83

84 City

Miami FL

FL

85 Zip Code

33015

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BESTARD, DANIEL E
STREET ADDRESS	1131 S.W. 9TH ST.
CITY- ST- ZIP	MIAMI FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	DANIEL E. BESTARD	
1.3 STREET ADDRESS	8491 NW 185 TERR	
1.4 CITY- ST- ZIP	MIAMI FLA. 33015	
2.1 TITLE	VICE - PRESIDENT	☐ Change ☒ Addition
2.2 NAME	GLADYS DICOLZDO	
2.3 STREET ADDRESS	8491 NW 185 TERR	
2.4 CITY- ST- ZIP	MIAMI FLA. 33015	
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		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL E. BESTARD

3/5/95

33015-529-8412