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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000001747 (2)**

1. Corporation Name

AMBULATORY SCANNING SERVICES, INC.

Principal Place of Business	Mailing Address
1085 WESTWARD DRIVE MIAMI SPRINGS FL 33166 US	1085 WESTWARD DRIVE MIAMI SPRINGS FL 33166 US

2. Principal Place of Business	2a. Mailing Address
21 935 WEST 49 ST.	26 1085 WESTWARD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 104	27
City & State	City & State
23 HIALEAH, FL	28 MIAMI SPRINGS, FL
Zip / Country	Zip / Country
24 33012 / 25 USA	29 33166 / 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
01/07/1994	08/08/1995
4. FEI Number	☐ Applied For ☐ Not Applicable
65-0461306	
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

MORALES, ALINA R
1085 WESTWARD DRIVE
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

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 ALINA R. MORALES, P/S/D 1-18-96
Signature, typed or printed name of registered agent and title, if applicable — NOTE: A signature is required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MORALES, ALINA R 1085 WESTWARD DRIVE MIAMI SPRINGS FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/S/D ALINA R. MORALES 1085 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV NAPOLES, MARIA J 10951 S.W. 7TH TERRACE #101 SWEETWATER FL 33174	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VM BENGOCHEA, ROSIE L 14170 S.W. 84 ST. #F-408 MIAMI FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V/T/M ROSIE L. BENGOCHEA 14170 S.W. 84 ST. #F-408 MIAMI, FL 33183	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: P/S/D 03-08-96 (305) 887-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #