AMENDED FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY 19 AM 9:20

DOCUMENT # P94000001747 (2)

1. Corporation Name

AMBULATORY SCANNING SERVICES, INC.

Principal Place of Business	Mailing Address
935 W 49 STREET SUITE 104 HIALEAH, FL 33012 US	1085 WESTWARD DRIVE MIAMI SPRINGS, FL 33166 US

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report: 1997

2. Principal Place of Business
21:

2a. Mailing Address
26: 14170 S.W. 84 STREET

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27: #F-408

City & State
23:

City & State
28: MIAMI, FL

Zip / Country
24: / 25:

Zip / Country
29: 33183 / 30: US

4. FEI Number: 65-0461306 ☐ 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

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: BENGOCHEA, ROSIE L.
82 Street Address (P.O. Box Number is Not Acceptable): 14170 S.W. 84 STREET
83: #F-408
84 City: MIAMI FL 85 Zip Code: 33183

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: ROSIE L. BENGOCHEA, VTM — Rosie Bengochea, VP — 3-31-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MORALES, ALINA R. 1085 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PSD MORALES, ALINA R. 11308 SW 92 ST. MIAMI, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTM BENGOCHEA, ROSIE L. 14170 S.W. 84 ST., #F-408 MIAMI, FL 33183	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	500002182825--1 -05/19/97--01079--006 *****70.00 *****70.00	☐ 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		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Rosie Bengochea, VP — 3-31-97 — (305) 383-2215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number