

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000001747 (2)**

1. Corporation Name

AMBULATORY SCANNING SERVICES, INC.

Principal Place of Business

**935 W. 49TH ST., SUITE 104
HIALEAH FL 33012
US**

Mailing Address

**14170 S.W. 84 STREET
#F-408
MIAMI FL 33183
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8500 S.W. 8th STREET

Suite, Apt. #, etc.

22 SUITE 242

City & State

23 MIAMI, FL

Zip

24 33144

Country

25 USA

2a. Mailing Address

26 14170 S.W. 84th ST.

Suite, Apt. #, etc.

27 #F-408

City & State

28 MIAMI, FL

Zip

29 33183

Country

30 USA

9. Name and Address of Current Registered Agent

**BENGOCHEA, ROSIE L
14170 SW 84TH ST., #F-408
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name

- SAME AS CURRENT -

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

Rosie L Bengochea, V.P.

4-29-98

Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME PSD
MORALES, ALINA R
STREET ADDRESS 11308 SW 92ND STREET
CITY-ST-ZIP MIAMI FL 33176**

TITLE ☐ DELETE

**NAME VTM
BENGOCHEA, ROSIE L
STREET ADDRESS 14170 S.W. 84 ST. #F-408
CITY-ST-ZIP MIAMI FL 33183**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ 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

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.

SIGNATURE *Rosie L Bengochea, V.P.*

CR2E034 (10/97)