

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



1995

STATE OF FLORIDA
DEPARTMENT OF REVENUE

975 170 27

DOCUMENT # **P94000012892 (3)**

To be completed by:

S.E.N. DIAGNOSTIC CENTER, INC.

Do Not Write In This Space

Principal Place of Business: **5370 PALM AVENUE #9 HIALEAH FL 33012**
Mailing Address: **5370 PALM AVENUE #9 HIALEAH FL 33012**

3. Date of Incorporation/Qualification: **02/16/1994**
3a. Date of Last Report: _____

21. Principal Place of Business: **17 EAST 44 ST**
26. Mailing Address: **17 EAST 44 ST**

4. FEI Number: **65 0467753**
Applied For: Not Applicable

22. State Apt # etc: _____
27. State Apt # etc: _____

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **HIALEAH FL**
28. City & State: **HIALEAH FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **33013** 25. Country: **USA**
29. Zip: **33013** 30. Country: **USA**

8. This Corporation has liability for employee tax under Section 501(c)(3) of the Internal Revenue Code: Yes No

9. Name and Address of Current Registered Agent:
**ANDRADE, NURYS
5370 PALM AVENUE
#9
HIALEAH FL 33012**

10. Name and Address of New Registered Agent:
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): **17 E 44 ST**
83. _____
84. City, State: **HIALEAH FL** 85. Zip Code: **33013**

11. Pursuant to the provisions of Sections 190.001 and 190.002, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to the address set forth in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as its registered agent. I am further authorized to accept the appointment as its registered agent in Florida.

SE: NURYS ANDRADE

12. OFFICERS AND DIRECTORS

Officer	PD
Name	ANDRADE, NURYS
Street Address	5370 PALM AVENUE #9
City & State	HIALEAH FL 33012
Zip	
Country	
Telephone	
Director	
Name	
Street Address	
City & State	
Zip	
Country	
Telephone	
Director	
Name	
Street Address	
City & State	
Zip	
Country	
Telephone	

13. ADDITIONS, CHANGES, DELETIONS AND CANCELLATIONS

Change	<input type="checkbox"/>
Add	<input type="checkbox"/>
Cancel	<input type="checkbox"/>
Street Address	17 EAST 44 ST
City & State	HIALEAH FL 33013
Zip	
Country	
Telephone	
Change	<input type="checkbox"/>
Add	<input type="checkbox"/>
Cancel	<input type="checkbox"/>
Number	000001469920
Effective Date	-05/01/95--01085--010
Amount	****200.00 ****200.00
Change	<input type="checkbox"/>
Add	<input type="checkbox"/>
Cancel	<input type="checkbox"/>
Change	<input type="checkbox"/>
Add	<input type="checkbox"/>
Cancel	<input type="checkbox"/>
Signature	Nurys Andrade
Date	4/2/95

14. I, the undersigned, do hereby certify that the information supplied with this filing is true and correct, and that I am duly qualified to act as a registered agent for the corporation. I further certify that the address designated in this statement is the principal place of business of the corporation, and that the corporation has the same as its principal office for the purpose of this filing. I understand that my appointment as registered agent is subject to the approval of the Department of Revenue.

SIGNATURE: *Nurys Andrade* NURYS ANDRADE 4/2/94 (305) 368-0435