

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

1995

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DOCUMENT # P94000012892 (3)

S.E.N. DIAGNOSTIC CENTER, INC.

Principal Place of Business 5370-PALM AVENUE #9 HIALEAH FL 33012	MAILING ADDRESS 5370-PALM AVENUE #9 HIALEAH FL 33012	Date of Last Report 02/16/1994	
2. Principal Place of Business 21 17 EAST 44 ST	26. Mailing Address 26 17 EAST 44 ST	4. Telephone Number 65 0467753	Applied For Not Applicable
Building Apt. # etc. 22	Building Apt. # etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 HIALEAH FL	City & State 28 HIALEAH FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33013	Zip 25 USA	7. This Corporation Does Not Apply for Incorporating by Order or Trust From Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Name Street Address P.O. Box Number is Not Applicable 17 E 44 ST	
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		84	City HIALEAH FL Zip Code 33013
11. Pursuant to the provisions of Section 107, Paragraph 197, Florida Statutes, the attorney or corporation submits this affidavit for the purpose of changing its registered office or corporate agent to another state or county. Such change was authorized by the corporation's board of directors. Therefore, except the date affixed, no registered agent can be appointed. Please sign and return this affidavit on or before the date indicated.			
Signature			
12. PD ANDRADE, NURYS 5370 PALM AVENUE #9 HIALEAH FL 33012	13. ADDITIONAL OFFICES 17 EAST 44 ST HIALEAH FL 33013	0000001469920 05/01/95--01005--010 ***200.00 ***200.00	
13A 13B 13C 13D 13E 13F 13G 13H 13I 13J 13K 13L 13M 13N 13O 13P 13Q 13R 13S 13T 13U 13V 13W 13X 13Y 13Z	14A 14B 14C 14D 14E 14F 14G 14H 14I 14J 14K 14L 14M 14N 14O 14P 14Q 14R 14S 14T 14U 14V 14W 14X 14Y 14Z	14A 14B 14C 14D 14E 14F 14G 14H 14I 14J 14K 14L 14M 14N 14O 14P 14Q 14R 14S 14T 14U 14V 14W 14X 14Y 14Z	
14. I solemnly certify that this affidavit is supplied with the filing, and only furnished and maintained legally for the purpose as stated in Section 107, Title 1, Florida Statutes. I further certify that the address and information on this document is true, complete, and accurate, and that the signature and hand writing on this document are my own. I declare under oath that the information contained in this document is true, complete, and accurate. I understand that this affidavit is subject to inspection at any time by the appropriate officer of the Board of Directors and that it will be filed with the address.			

Tue
4/21/95

SIGNATURE: *Nurys Andrade* NURYS ANDRADE 4/21/95 (105) 362-0435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR