FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012995 (4)

1. Corporation Name

EMERGENCY MEDICAL DIAGNOSTIC, INC.

Principal Place of Business	Mailing Address
~~780 NW 42ND AVE STE. 516~~ ~~MIAMI FL 33126~~ 3140 NW 7 st MIA, Fl. 33125	~~780 NW 42ND AVE STE. 516~~ ~~MIAMI FL 33126~~ 3140 N.W. 7 st MIA, Fl. 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994	3a. Date of Last Report
4. FEI Number: 65-0468600	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TABRAUE, ERNESTO 780 NW 42ND AVE STE. 516 MIAMI FL 33126	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: _____ DATE
(If changing registered agent, registered agent must sign) (NOTE: Registered Agent signature required when marked)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD ~~Delete~~ NAME: MARINO, MARIA C STREET ADDRESS: C/O 780 N.W. 42ND AVENUE STE. 516 CITY-ST-ZIP: MIAMI FL 33126	11 TITLE: President ☑ Change ☐ Addition 12 NAME: TABRAUE, ERNESTO 13 STREET ADDRESS: 3140 N.W. 7 ST. 14 CITY-ST-ZIP: MIAMI, FL. 33125
TITLE: VD NAME: FERNANDEZ, RUDY STREET ADDRESS: C/O 780 N.W. 42ND AVENUE STE. 516 CITY-ST-ZIP: MIAMI FL 33126	21 TITLE: Vice President ☑ Change ☐ Addition 22 NAME: Fernandez, Rudy 23 STREET ADDRESS: 3140 N.W. 7 ST. 24 CITY-ST-ZIP: Miami, FL 33125
TITLE: STD NAME: TABRAUE, ERNESTO STREET ADDRESS: C/O 780 N.W. 42ND AVENUE STE. 516 CITY-ST-ZIP: MIAMI FL 33126	31 TITLE: ☑ Change ☐ Addition 32 NAME: 33 STREET ADDRESS: 3140 N.W 7 ST. Miami, Fl. 33125 34 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

14. I 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)(i), Florida Statutes. I further certify that the 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 above, or on an attachment with an address.

SIGNATURE: E. Tabraue /Ernesto Tabraue 2/23/95 305-644-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01I1734 CP