PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90017 017 ***158.75

DOCUMENT # P94000012995

1. Corporation Name

EMERGENCY MEDICAL DIAGNOSTIC, INC.

Principal Place	e of Business	Mailing Address				{	A BRINI ABRIN BANAN I	1910 11010 10110	1010101111111101
3140 NW 7TH STREET		780 NW 42ND AVE STE, 516							
MIAMI FL 33125		MIAMI FL 33125							
US		US			DO NOT WRITE IN THIS SPACE				
						Incorporated or Qualifi 16/1994	ed		
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEIN			Ap	plied For
21		26			65-0)468600		No	t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27			5. Certif	cate of Status Desired	·	Fee Re	equired
City & State	е	City & State	ب ··· ســـيا ســ	-	6. Electi	ion Campaign Financir	ng 🗆	\$5.00	May Be
23		28			Trust	Fund Contribution		Added t	to Fees
Zip	Country	Zip	Country		8. This	corporation owes the o	current year Int		
24	25	29 30	0			onal Property Tax.		□Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Nam	e and Address of Ne	w Registered	Agent	
TADE	DALIE EDNESTO		81	Name					
TABRAUE, ERNESTO 780 NW 42ND AVE STE. 516			82	Street	Address (P.O. Bo	ox Number is Not Acce	eptable)		
	Al FL 33126		83				 		
	•		84			•	FL		Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above	e-named	corporation subn	nits this statement for f	the purpose of	changing its	registered
office or re agent. I ar	egistered agent, or both, in the State of medical familiar with, and accept the obligation	or Florida. Such change was autr ions of Section 607.0505. Florid	norizeo oy la Statutes	the corpo	bration's board of	r directors. I fieleby ac	cept the appoin	ithisein as re	gistered
_	• -	,		•					
SIGNATURE	Signature, typed or printed name of registered agent				required when reinstatin		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Ager			o) IONS/CHANGES TO			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: Ro	egistered Ager					D DIRECTO	PRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P TABRAUE, ERNESTO	t and title if applicable. (NOTE: Re	egistered Ager						
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND TABRAUE, ERNESTO 3140 NW 7TH STREET	t and title if applicable. (NOTE: Re	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature r					
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP