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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sergio B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN - 2 11 31 24

DOCUMENT # P94000015607 (2)

1. Corporation Name

FLORIDA DIAGNOSTIC INSTITUTE, INC.

Principal Place of Business

607 C DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33603

Mailing Address

607 C DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-320366V

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

9. Name and Address of Current Registered Agent

RUSNAK, DAVID
607 C DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33603

10. Name and Address of New Registered Agent

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

Signature (Typed or printed name of registered agent and the # applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D RUSNAK, DAVID	4316 MIDDLE LAKE DRIVE	TAMPA FL 33624

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME	☐	☐
13 STREET ADDRESS	☐	☐
14 CITY - ST - ZIP	☐	☐
21 TITLE	☐	☐
22 NAME	☐	☐
23 STREET ADDRESS	☐	☐
24 CITY - ST - ZIP	☐	☐
31 TITLE	☐	☐
32 NAME	☐	☐
33 STREET ADDRESS	☐	☐
34 CITY - ST - ZIP	☐	☐
41 TITLE	☐	☐
42 NAME	☐	☐
43 STREET ADDRESS	☐	☐
44 CITY - ST - ZIP	☐	☐
51 TITLE	☐	☐
52 NAME	☐	☐
53 STREET ADDRESS	☐	☐
54 CITY - ST - ZIP	☐	☐
61 TITLE	☐	☐
62 NAME	☐	☐
63 STREET ADDRESS	☐	☐
64 CITY - ST - ZIP	☐	☐

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/94 813-238-3833