

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 27 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017397 (8)

1. Corporation Name
LIFELINE DIAGNOSTIC OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
4575 N. W. 7TH STREET MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/28/1994** 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	State, Apt. #, etc.	State, Apt. #, etc.	X 65-0490415	<input type="checkbox"/> Not Applicable
22	23	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FIGUEREDO, ARMANDO JOSE 4575 N. W. 7TH STREET MIAMI FL 33126		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			FL	

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 _____
Signature: typed or printed name of registered agent (not title of applicant) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEREDO, ARMANDO JOSE	1.2 NAME	
STREET ADDRESS	4575 N. W. 7TH STREET	1.3 STREET ADDRESS	
CITY ST. ZIP	MIAMI FL 33126	1.4 CITY ST. ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST. ZIP		2.4 CITY ST. ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST. ZIP		3.4 CITY ST. ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST. ZIP		4.4 CITY ST. ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST. ZIP		5.4 CITY ST. ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST. ZIP		6.4 CITY ST. ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, 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

CR2E034 (3/95)