FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000017542 (9)**

1. Corporation Name

TRUSTFUL DIAGNOSTIC CENTER, INC.

Principal Place of Business	Mailing Address
14794 S.W. 80 ST. **MIAMI FL 33193**	**14794 S.W. 80 ST.** **MIAMI FL 33193**

3. Date Incorporated or Qualified: **03/01/1994**

3a. Date of Last Report: **08/15/1995**

4. FEI Number: **65-0472697** ☐ 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 14794 SW 80ST.	26 14794 SW 80ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 MIAMI FL	27 MIAMI FL
City & State	City & State
23 33193 USA	28 33193 USA
Zip / 24 — Country / 25	Zip / 29 — Country / 30

9. Name and Address of Current Registered Agent

MENDEZ, CARLOS M
14794 SW 80 ST
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name: Mendez CARLOS M.
82 Street Address (P.O. Box Number is Not Acceptable): 14794 SW 80ST.
83
84 City: MIAMI FL 85 Zip Code: 33193

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: CARLOS M. MENDEZ MANAGER DATE: 3/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, ADA N		1.2 NAME	
STREET ADDRESS	14794 S.W. 80 ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193		1.4 CITY-ST-ZIP	
TITLE	M	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, CARLOS M		2.2 NAME	
STREET ADDRESS	14794 SW 80 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: Ada N. Mendez 3/20/96 305-388-8145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

3-29-1996 RM