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 APR 20 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000026242 (5)**

1. Corporation Name
FIRST OPTION DIAGNOSTIC CENTER, INC.

Principal Place of Business	Mailing Address
9230 S.W. 40TH ST. SUITE E MIAMI FL 33165	9230 S.W. 40TH ST. SUITE E MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0479658	☐ Applied For ☐ Not Applicable
21 6741 SW 24th ST	26 6741 SW 24th ST		
22 Suite, Apt. #, etc. SUITE 39	27 Suite, Apt. #, etc. SUITE 39	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State MIAMI FL	28 City & State MIAMI FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 33155 25 County DADE	29 Zip 33155 30 County DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANTOYO, MARIA 9230 S.W. 40TH ST. SUITE 3 MIAMI FL 33165	81 Name: JOSE ARIAS 82 Street Address (P.O. Box Number is Not Acceptable) 83 6741 SW 24th ST SUITE 39 84 City MIAMI FL 85 Zip Code 33155

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 X _____ PRESIDENT 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	SANTIAGO, MARIA	12 NAME	JOSE ARIAS
STREET ADDRESS	9230 S.W. 40TH ST. #3	13 STREET ADDRESS	6741 SW 24th ST SUITE 39
CITY-ST-ZIP	MIAMI FL 33165	14 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ARIAS, JOSE	22 NAME	
STREET ADDRESS	9230 S.W. 40TH ST. #3	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: X _____ 4/17/95 (305)264-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177004 C#