

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000026242 (5)

1. Corporation Name

FIRST OPTION DIAGNOSTIC CENTER, INC.



Principal Place of Business

6741 SW 24 ST  
STE 39  
MIAMI FL 33155  
US

Mailing Address

6741 SW 24 ST  
STE 39  
MIAMI FL 33155-1767  
US

3. Date Incorporated or Qualified

04/06/1994

3a. Date of Last Report

04/30/1996

4. FEI Number

65-1479658

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

ARIAS, JOSE  
6741 SW 24 ST  
STE 39  
MIAMI FL 33155

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                       |        |
|-----------------|-----------------------|--------|
| TITLE           | D                     | DELETE |
| NAME            | ARIAS, JOSE           |        |
| STREET ADDRESS  | 6741 SW 24 ST, STE 39 |        |
| CITY - ST - ZIP | MIAMI FL              |        |
| TITLE           | D                     | DELETE |
| NAME            | ARIAS, JOSE           |        |
| STREET ADDRESS  | 9230 S.W. 40TH ST. #3 |        |
| CITY - ST - ZIP | MIAMI FL 33165        |        |
| TITLE           |                       | DELETE |
| NAME            |                       |        |
| STREET ADDRESS  |                       |        |
| CITY - ST - ZIP |                       |        |
| TITLE           |                       | DELETE |
| NAME            |                       |        |
| STREET ADDRESS  |                       |        |
| CITY - ST - ZIP |                       |        |
| TITLE           |                       | DELETE |
| NAME            |                       |        |
| STREET ADDRESS  |                       |        |
| CITY - ST - ZIP |                       |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |        |          |
|---------------------|--------|----------|
| 1.1 TITLE           | Change | Addition |
| 1.2 NAME            |        |          |
| 1.3 STREET ADDRESS  |        |          |
| 1.4 CITY - ST - ZIP |        |          |
| 2.1 TITLE           | Change | Addition |
| 2.2 NAME            |        |          |
| 2.3 STREET ADDRESS  |        |          |
| 2.4 CITY - ST - ZIP |        |          |
| 3.1 TITLE           | Change | Addition |
| 3.2 NAME            |        |          |
| 3.3 STREET ADDRESS  |        |          |
| 3.4 CITY - ST - ZIP |        |          |
| 4.1 TITLE           | Change | Addition |
| 4.2 NAME            |        |          |
| 4.3 STREET ADDRESS  |        |          |
| 4.4 CITY - ST - ZIP |        |          |
| 5.1 TITLE           | Change | Addition |
| 5.2 NAME            |        |          |
| 5.3 STREET ADDRESS  |        |          |
| 5.4 CITY - ST - ZIP |        |          |
| 6.1 TITLE           | Change | Addition |
| 6.2 NAME            |        |          |
| 6.3 STREET ADDRESS  |        |          |
| 6.4 CITY - ST - ZIP |        |          |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Arias

1-23-97

Date

Daytime Phone #

CR2E034 (9/96)