FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000034358 (9)

DOCUMENT #

1. Corporation Name CENTRAL DIAGNOSTIC MOBILE SERVICES, INC.

Principal Place of Business Mailing Address							
1851 NW 361 Miami FL 33		1851 NW 36TH AVENU MIAMI FL 33125	1851 NW 36TH AVENUE MIAMI FL 33125				
					 Date Incorporated or Qualified 05/05/1994 	3a. Date of Last 09/29/	
2. Principal Place	e of Business 35 S W 24 Street	2a. Mailing Address 26 8335 S W	24 S	treet	4. FEI Number 65-0491911		Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.			5. Certificate of Status Desired	1	5 Additional Required
City & State	ami, Fl	Oty & State 28 Miami, Fl			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zq+	Country	Zıp	Cou	ntry Dade	8. This corporation has liability for i		s 199.032,
4] 33 <u>13</u>	9. Name and Address of Current		-		10. Name and Address of New R	egistered Agent	
SOLER, IGNACIO 1851 NW 36TH AVENUE MIAMI FL 33125				81 Name82 Street Add6384 Orty	Chung An Pan Wes P.D. Sox Number is Not Acceptable 8335 S.W. 24 Street	85	Žip Code
				/	Miami	- FL 3	33155
or registered familiar with,	d agent, or both, in the State of Florid, and accept the obligations of, Section Chang An Pan	ia. Such change was authorized on 607,0505, Florida Statutes.	oy the c	corporation's boa	DO NA POLITICAL PARTY AND A	2/_2/96	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
THUE	PD	⊠ DELETE	1.11	TITLE	PD	☐ Chang	e XXAddition
NAME	SOLAR, IGNACIO		12 N	IAME	Chung An Pan		
STEEL LAUDRESS	1851 NW 36TH AVENUE		135	TREET ADDRESS	8335 S W 24 Street		
COTY - ST- ZIP	MIAMI FL 33125	.,		TY-ST-ZIP	Mlami, Fl 33155	☐ Chang	e Addition
TIELF	VSTD	XXDEFELE	2 1 1			[] C	je
NAM <u>i</u>	PEREZ, ERNESTO A 1851 NW 36TH AVENUE		2?N				
STREET ADDRESS	MIAMI FL 33125			TREET ADDRESS			
CDV-SI-ZIP	MIAMI FL 33123	DELETE	3 1	CITY-ST-ZIP	!-	Chan	ge
THU			321				-
NAME				STREET ADDRESS			
STREET ADDRESS				CITY - ST - ZIP			
TIFLE		☐ DELETE		TITLE		☐ Chan	ge 🔲 Addition
NAME			421	NAME			
S. REET ADDRESS			435	STREET ADDRESS			
CHY-SI-Z#			4.4 (DITY-ST-ZIP			
TOTAL		☐ DELETE	5 1	TITLE		☐ Chan	ge 🔲 Addition
NAME			521	NAME			
STREET ASDRESS			53	STREET ADDRESS			
CHY-ST ZIP		F DC: 577		CITY-ST-ZIP		Cnan	ne ["] Addition
TIFLE		☐ DELFTE		TITLE			السا السا
VVV.				NAME Ozore 1 apposens			
STREAT ADDRESS				STREET ADDRESS			
(II Y - ST - ZIP	contituthat the information a includ	with this filing is voluntarily furni	shed and	CITY-ST-ZIP] d does not qualify	y for the exemption stated in Section 119	9.07(3)(k), Florida St	atutes. I further
certify that		ual report or supplemental annu- pration or the receiver or trustee on an attachment with an addre	iai repon empow ess.	ered to execute	this report as required by Chapter 607, F	Florida Statutes; and	
SIGNAT	URE: Chung An P	an Ching-	An	1/ar	2/2/96		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #