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 MAY -1 PM 1:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040223 (7)**

1. Corporation Name

MEDICAL DIAGNOSTIC NETWORK CORP.

Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DR. SUITE 1900 MIAMI FL 33133	2601 SOUTH BAYSHORE DR. SUITE 1900 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0497477 ☐ Applied For ☐ Not Applicable
21 7171 CORAL WAY	26	
Suite, Apt. #, etc.: 22 316	Suite, Apt. #, etc.: 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State: 23 MIAMI, FL.	City & State: 28	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip: 24 33155 Country: 25 DADE	Zip: 29 Country: 30	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
~~TERREMARK CORPORATE AGENTS INC.~~ ~~2601 S. BAYSHORE DR.~~ ~~10TH FLOOR~~ ~~MIAMI FL 33133~~	81 Name: COBER CORPORATE AGENTS, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 2601 So. Bayshore Drive, 19th Fl. 83 84 City: MIAMI FL 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] 1/11/95
Signature, typed or printed name of registered agent and the date. MICHAEL A. BERKE, VICE PRESIDENT

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME FRANK LOPEZ STREET ADDRESS 7171 Coral Way, #315 CITY ST ZIP MIAMI, FL. 33155	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP REMITTED BY MAY 1
TITLE NAME STREET ADDRESS CITY ST ZIP T.S. 5/1/95	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP $ Deposited by Bank

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: Frank Lopez FRANK LOPEZ 4/25/95 (305) 265-5772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134542 CP