Date Due: 05/01/97 Amount Due: $200.00 If After Due Date: $225.00

FILED
May 15 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # P94000045393

HIGGER DIAGNOSTIC CENTER, INC.

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE. MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

2. Mailing Address	21 8191 NW 91 TERR
Suite, Apt. #, etc.	22 # 5
City & State	23 MEDLEY, FLORIDA
Zip	24 33166
Country	25 U.S.A.
2a. Principle Place of Business	26
Suite, Apt. #, etc.	27
City & State	28
Zip	29
Country	30

3. Date Incorporated or Qualified: 6/13/94
3a. Date of Last Report:
4. FEI Number: 65-0499184 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ORTEGA, BERNARDO
5130 SW 69TH AVE
MIAMI, FL 33155

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code 36 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 (Registered Agent Accepting Appointment) DATE 4/29/97

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	ORTEGA, BERNARDO
1.3 ADDRESS	5130 SW 69 TH. AVE
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33155
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

13. OFFICERS AND DIRECTORS CONTINUED

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

5/15/97

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***165.00

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE DATE 4/29/97

Print/Type Name of Signing Officer or Director: BERNARDO ORTEGA
Title: PRESIDENT
Daytime Telephone Number: (305) 663-2722

FOLD