

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000051056 (7)

1. Corporation Name

FIRST QUALITY DIAGNOSTIC CENTER INC.



Principal Place of Business

7801 CORAL WAY
SUITE 114
MIAMI FL 33155

Mailing Address

712 N.E. 1ST AVE
FT. LAUDERDALE FL 33304
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BARTRA, EDUARDO
712 N.E. 1ST AVE.
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified

07/11/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0504407

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

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 current registered agent, if not applicable. (Delete) Registered Agent signature required for this filing. DATE

12. OFFICERS AND DIRECTORS

TITLE

D

BARTRA, EDUARDO

☐ DELETE

STREET ADDRESS

712 N.E. 1ST AVE.

CITY - ST - ZIP

FT. LAUDERDALE FL 33304

TITLE

D

CARRA, JUAN C

☒ DELETE

STREET ADDRESS

8977 S.W. 123RD CT.

CITY - ST - ZIP

MIAMI FL 33186

TITLE

D

GONNELI, RAUL A

☒ DELETE

STREET ADDRESS

5041 S.W. 104TH AVE.

CITY - ST - ZIP

MIAMI FL 33165

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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☐ Addition

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)(k), 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

4/ 18/96 954/463-4212

CR2E034 (12/95)