

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 16 PM 2:58

DOCUMENT # P94000053302 (3)

1. Corporation Name

NATIONAL DIAGNOSTIC CENTER, INC.

Principal Place of Business

Mailing Address

10760 W. FLAGLER ST.  
SUITE 11  
SWEETWATER FL 33174

10760 W. FLAGLER ST.  
SUITE 11  
SWEETWATER FL 33174

OPTIONAL WEIGHT IN THIS SPACE

3. Date of Incorporation or Qualification

3a. Date of Filing Report

07/19/1994

2. Principal Place of Business

2a. Mailing Address

21

25

4. FIC Number

65-0507239

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Finance

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 169.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, CARLOS  
10760 W. FLAGLER ST.  
SUITE 11  
SWEETWATER FL 33174

B1 Name

B2 Street Address, P.O. Box Number, Not Acceptable

B3

B4 City

FL

B5 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Jan 25 /95

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

ALVAREZ, CARLOS

STREET ADDRESS

10760 W. FLAGLER ST. #11

CITY, ST, ZIP

SWEETWATER FL 33174

11 TITLE

Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the last sentence of Florida Statutes. I further certify that the information made available on the 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 of this report, or on an attachment with an address.

SIGNATURE:

Jan 25/95

305-221-3343

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-95 (Rev. 12-94)