


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P94000057486 (0)
 1. Corporation Name
TOTAL HEALTH & DIAGNOSTIC CENTER, INC.



| | |
|---|---|
| Principal Place of Business 20533 BISCAYNE BLVD SUITE 4134 NORTH MIAMI BEACH FL 33160 | Mailing Address 20533 BISCAYNE BLVD SUITE 4134 NORTH MIAMI BEACH FL 33160 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|-----------------|------------------------|-----------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/03/1994 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 65-0509892 | Applied For <input type="checkbox"/> Not Applicable |
| 23 Zip | 25 Country | 29 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| MARK D. FEINSTEIN 290 N W 185 ST. PENTHOUSE 4 CITICENTRE NORTH MIAMI BEACH FL 33169 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | FL 85 Zip Code |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

9. Name and Address of Current Registered Agent
MARK D. FEINSTEIN
290 N W 185 ST.
PENTHOUSE 4 CITICENTRE
NORTH MIAMI BEACH FL 33169

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEFF GALABOW | 1.2 NAME | |
| STREET ADDRESS | 1300 MIAMI GARDENS DR. 908 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOB SANCHEZ | 2.2 NAME | |
| STREET ADDRESS | 290 NW 185 ST PENTHOUSE 4 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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: Jeff Galabow **JEFF GALABOW** 4/8/98 305-932-9881

CR2E034 (10/97)