

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 # P94000062445 (9)

1. Corporation Name

APEX DIAGNOSTIC SERVICES, INC.



Principal Place of Business

10855 S.W. 72 STREET
SUITE 19
MIAMI FL 33173
US

Mailing Address

6120 S.W. 147 PLACE
MIAMI FL 33193
US

3. Date Incorporated or Qualified
08/24/1994

3a. Date of Last Report
07/21/1995

2. Principal Place of Business

21 5600 SW 135 WE

Suite, Apt. #, etc.

22 214 B

City & State

23 MIAMI FLA

Zip

24 33183

County

25 Dade

2a. Mailing Address

26 2805 SW 125 CT.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLA

Zip

29 33175

County

30 Dade

4. FEI Number

65-0514679

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

9. Name and Address of Current Registered Agent

PONCE, BETTY
7950 S.W. 22ND ST.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

PONCE, Betty

82 Street Address (P.O. Box Number is Not Acceptable)

2805 SW 125 CT.

83

84 City

MIAMI

FL

85 Zip Code

33175

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

Betty Ponce

P.D.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME POUNCE, BETTY
STREET ADDRESS 7950 S.W. 22ND ST.
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME BETTY POUNCE
1.3 STREET ADDRESS 2805 SW 125 CT.
1.4 CITY-ST-ZIP MIAMI FL 33175 ☒ Change ☐ Addition

2.1 TITLE T
2.2 NAME SANDRA GONZALEZ
2.3 STREET ADDRESS 2805 S.W. 125 CT.
2.4 CITY-ST-ZIP MIAMI, FLA. 33175 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ 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: *Betty Ponce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/96 305-225-4237

Daytime Phone #

CR2E034 (12/95)