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

Mailing Address

625 EAST 50TH STREET

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

☐ Addition

☐ Change

02-02-1999 90005 037 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P9400062451**1. Corporation Name

Principal Place of Business 625 EAST 50TH STREET

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

A & T DIAGNOSTIC CORPORATION

HIALEAH FL 33		HIALEAH FL 33013-1621			DO NOT WEITE IN THIS	CDACE	
					DO NOT WRITE IN THIS	SPACE	
		•			<ol> <li>Date Incorporated or Qualified 08/24/1994</li> </ol>	•	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
	1	26			65-0517982	N	ot Applicable
21 Cuita Ant	di atau	Suite, Apt. #, etc.				\$8.75	Additional
Suite, Apt.	#, etc	27	:		5. Certificate of Status Desired	<b>*</b>	equired
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year In	tangible	
24	25	29	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		<del></del>		10. Name and Address of New Registered	Agent	
	3. Name and Address of Contain		81	I Name			
TERI	RERO, AMADO						
	EAST 50TH ST.	•	82	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		.
	EAH FL 33013		<u> </u>	-	15.5	1107 101	1 1 1 2
I IIAL	EVILLE 200 (2		83	3)			
			84	City	FI	85 Zip	Code
		A CONTRACTOR OF THE CONTRACTOR		<u> </u>		- I changing its	- registered
	10 007.0000	4 COZ 4EOO Elevido Statutos	as the choi	o named com	sociation cultimate this statement for the hillingse o		
_11. Pursuant	to the provisions of Sections 607:0502	and 607.1508, Florida Statute f Florida, Such change was au	s, the about	e-named corp the corporation	oration:submits.this.statement.for.the.purpose.o on's board of directorsi. hereby accept the appo	intment as r	egistered
_11. Pursuant office or r agent. I a	to the provisions of Sections 607:0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was au ons of, Section 607.0505, Flori	s, the about thorized by ida Statute	ve-named corp y the corporations.	poration submits this statement for the purpose of on's board of directors. I hereby accept the apport	intment as r	egistered
agent. i a	m ramiliar with, and accept the obligation	ons or, Section 607.0303, Fibri	ua Siaiule	3.		intment as re	egistered
11. Pursuant office or r agent. I a SIGNATURE	m ramiliar with, and accept the colligation	and title if applicable. (NOTE: F	Registered Age	3.	od when reinstating) DATE	•	
agent. i a	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Age	ant signature require		ND DIRECT	ORS IN 12
agent. I a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Age	ant signature require	od when reinstating) DATE	•	ORS IN 12
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5.3 STREET ADDRESS

6.3 STREET ADDRESS

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, with all effer like empowered.

5.4 CITY-ST-ZIP\*\*

☐ DELETE