

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

95 MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT



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

1995

5-1-95

B-6814

C

DOCUMENT # P94000064934 (0)

1. Corporation Name

AMERICAN HEALTH DIAGNOSTIC SERVICES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/02/1994	
4. FEI Number	Applied For
65-0516906	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
☐	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes ☐ No ☐

2. Principal Place of Business	2a. Mailing Address
7801 CORAL WAY #121 MIAMI FL 33155	7801 CORAL WAY #121 MIAMI FL 33155
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Zip	25. Zip
29. Zip	30. Zip

9. Name and Address of Current Registered Agent

PENALVER, LUISA
2669 W 74 TERR
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PENALVER, LUISA	1.2 NAME	
STREET ADDRESS	2669 W 74 TERR	1.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33016	1.4 CITY, ST, ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	PENALVER, CARLOS	2.2 NAME	
STREET ADDRESS	2669 W 74 TERR	2.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33016	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 119.12(3)(b), Florida Statutes. I further certify that the information reflected 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 BOARD OFFICER OR DIRECTOR

Date

Signature File #