

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**AMENDED PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT #** P940000067983

1. Corporation Name  
**HEALTH CARE DIAGNOSTIC & EQUIPMENT SERVICES, INC.**

**FILED**  
**Jun 02 1997 8:00am**  
**Secretary of State**

Principal Place of Business Mailing Address

7801 Coral Way 7801 Coral Way  
Suite 121 Suite 121  
Miami, FL 33155 Miami, FL 33155

2. Principal Place of Business 2a. Mailing Address

21 7811 Coral Way 26 7811 Coral Way  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 131 27 Suite 131  
City & State City & State  
23 MIAMI, FL 28 MIAMI, FL  
Zip Country Zip Country  
24 33155 25 Country 29 33155 30 Country

**Amendment**

3. Date Incorporated or Qualified 9/15/94 3a. Date of Last Report

4. FEI Number 65-0520125 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

PEREZ, EDUARDO S  
7800 W. 25th Avenue  
#102  
Hialeah, FL 33016

10. Name and Address of New Registered Agent

81 Name DIOSDADO LOZANO  
82 Street Address (P.O. Box Number is Not Acceptable)  
7811 Coral Way  
83 Suite 131  
84 City MIAMI 85 Zip Code FL 33155

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 X DIOSDADO LOZANO DATE 5/1/97

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<u>PD PEREZ, EDUARDO S</u>	<u>7800 W. 25th Lane #102</u>	<u>Hialeah, FL 33016</u>	<input checked="" type="checkbox"/>
	<u>STD PEREZ, ZULEMA</u>	<u>7800 W. 25th Lane, #102</u>	<u>Hialeah, FL 33016</u>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<u>PSTD DIOSDADO LOZANO</u>	<u>7811 Coral Way, Suite 131</u>	<u>MIAMI, FL 33155</u>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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\*\*\*\$1.25

CS  
6/8/97

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X DIOSDADO LOZANO DATE 5/1/97

Signature typed or printed name of signing officer or director

CR2E034 (3/96)