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Oct 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000067983

1. Corporation Name
Health Care Diagnostic & Equipment Services, Inc.

[redacted]

Principal Place of Business	Mailing Address
7811 Coral Way Suite 131 Miami, FL 33155	7811 Coral Way Suite 131 Miami, FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-15-94

2. Principal Place of Business	2a. Mailing Address
21 7811 Coral Way	26 7811 Coral Way
Suite, Apt. #, etc. 22 Suite 131	Suite, Apt. #, etc. 27 Suite 131
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33155 Country 25 US	Zip 29 33155 Country 30 US

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~Lozano, Diosdado~~
~~7811 Coral Way~~
~~Suite 131~~
~~Miami FL 33155~~

10. Name and Address of New Registered Agent

81 Name: J. Everett Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 2151 Le Jeune Rd.
83: Mezzanine
84 City: Coral Gables FL 85 Zip Code: 33134

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] DATE: 10-7-98
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P/S/TD~~ ~~Lozano, Diosdado~~ ~~7811 Coral Way, Suite 131~~ ~~Miami, FL 33155~~ ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Pages, Oscar 7811 Coral Way, Suite 131 Miami, FL 33155 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Garcia, Patty 7811 Coral Way, Suite 131 Miami, FL 33155 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	100026633804 -10/14/98--01071--018 ***61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

fe 10.14

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: SIGNATURE REQUIRED [signature] 10/7/98 (305) 262-6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0177819