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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078675

1. Corporation Name	,000,0010
AMERICAN DIAGNOSTIC, INC.	
Principal Place of Business	Mailing Address
1814 N.E. MIAMI GARDENS DR. SUITE 406 NORTH MIAMI BEACH FL 33170	1814 N.E. Miami Gardens dr. Suite 406 North Miami Beach Fl 33170
Principal Place of Business 1	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90052 031 ***150.00

AIVIERIU	AN DIAGNOSTIC, IN	lu.										
	* • • • • • • • • • • • • • • • • • • •	-		:	-		,					
Principal Plac	ce of Business	Maili	ng Address							Ja nia Bana J	1 711 1 110 1 7 1 0 11 1 11	
•	MI GARDENS DR.		n.e. Miami Gardei	MS DD .		•	.					
SUITE 406	MII GANDENŞ DN.	SUITE		NO UN.				•	·			
				AMI BEACH FL 33170				DO NOT WRITE IN THIS SPACE				
				-				3, Date Incorpor		d		
	· · · · · · · · · · · · · · · · · · ·							10/26/1994	<u> </u>			
	Place of Business	2a. M	failing Address				٠.,	4, FEI Number	_			Applied For
21	*	26	•					<u>65-052865</u>	0			lot Applicable
Suite, Apt.	. #, etc.	— — — — — — — — — — — — — — — — — — —	uite, Apt. #, etc.					5. Certifcate of S	Status Desired			Additional
22 City 8 Ct-		27	Sia. 9 C4-4-	•							-	Required
City & Sta	ite		City & State					6. Election Camp		⁹ 🗆		May Be
Zip	Country	28	ip ·		ountry	•		Trust Fund Co				to Fees
— ·			'	30	ound y		1	8. This corporati		irrent year	Intangible Yes	□No :
24	25 25 9. Name and Address	of Current Register	red Agent	[30]	-1			Personal Prop 10. Name and A		Ragister		
	J. HARRY OF A PAGE 1835.				81	Name				togiatal	URAIN	
COF	RPORATION INFORMATION	ON SERVICES INC	.				:	٠.		· ·		
120	1"HAYS ST.	i •			82	Street	Address	(P.O. Box Numb	er is Not Acce	otable)		
TAL	LAHASSEE FL 32301			_	83		-			11111111	241 173 3 11 3 4 v	11 11 12 (1128)
		,			· 🗀			l'a l'				
		,			84	City		er metae	or and experience	AND THE RESERVE	85 Zip	Code
												
11 Pursuant	to the provisions of Section	s 607 0502 and 607	1508, Florida Stati	utes the	above	-named	cornora	tion submits this s	statement for th	e nurnose	of changing it	s registered
11. Pursuant office or	to the provisions of Section registered agent, or both, in	s 607.0502 and 607, the State of Florida.	1508, Florida Stati Such change was	utes, the	above ed by t	-named the corpo	corpora oration s	tion submits this s board of director	statement for the	e purpose ept the ap	of changing it pointment as r	s registered egistered
11. Pursuant office or	to the provisions of Section registered agent, or both, in am familiar with, and accept	s 607.0502 and 607 the State of Florida. the obligations of, So	1508, Florida Stati Such change was ection 607.0505, F	utes, the authorize lorida Sta	above ed by t atutes.	-named the corpo	corpora oration's	tion submits this s board of director	statement for th s. I hereby acc	e purpose ept the ap	of changing it pointment as r	s registered egistered
11. Pursuant office or agent. I a	am familiar with, and accept	the obligations of, So	ection 607.0505, F	lorida Sta	atutes.				statement for th s. I hereby acc		of changing it pointment as r	s registered egistered
SIGNATURE	am familiar with, and accept Signature, typed or printed name of re	the obligations of, So	ection 607,0505, Fl	lorida Sta	atutes. ed Agent			en reinstating)	•	DATE	· · · · · · · · · · · · · · · · · · ·	
NO agent. Fa	am familiar with, and accept Signature, typed or printed name of n	the obligations of, So	ection 607,0505, Fl	lorida Sta	atutes. ed Agent			en reinstating) ADDITIONS/CI	HANGES TO C	DATE	· · · · · · · · · · · · · · · · · · ·	ORS IN 12
SIGNATURE 12. TIRE	Signature, typed or printed name of n OFFI	the obligations of, So	ection 607.0505, Florplicable. (NOT	Iorida Sta	ed Agent 3.			en reinstating)	HANGES TO C	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH	the obligations of, So egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, Fi pplicable. (NOT FORS DELETE	TE: Register 13 1.1	ed Agent 3. TITLE NAME	signature n		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, Fi pplicable. (NOT FORS DELETE	TE: Registeri 13 1.1 1.2 1.3	ed Agent TITLE NAME STREET	signature n		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, Fi pplicable. (NOT FORS DELETE	TE: Registeri 13 1.1 1.2 1.3:	ed Agent 3. TITLE NAME STREET	signature n		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, FI pplicable. (NOT FORS DELETE	TE: Registere 13 1.1 1.2 1.3: 1.40 2.1	ed Agent 3. TITLE NAME STREET CITY-ST-	signature n		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, FI pplicable. (NOT FORS DELETE	TE: Registeri 1.11 1.21 1.33 1.40 2.11	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME	signature n ADDRESS -ZiP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, FI pplicable. (NOT FORS DELETE	TE: Registerr 13 1.1 1.2 1.3 1.44 2.1 2.23	ed Agent 3. TITLE NAME STREET CITY-ST- TITLE NAME STREET	ADDRESS -ZiP ADDRESS		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505; Fi	TE: Registere 13 1.1 1.2 1.3 1.44 2.1 2.24 2.3 2.4	ed Agent 3. TITLE NAME STREET CITY-ST- TITLE NAME STREET STREET	ADDRESS -ZiP ADDRESS		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, FI pplicable. (NOT FORS DELETE	TE: Register 13 1.1 1.2 1.3: 1.4 2.1 2.23 2.4 3.1	ed Agent 3. TITLE NAME STREET CITY-ST- TITLE NAME STREET CITY-ST- TITLE CITY-ST- TITLE TITLE TITLE	ADDRESS -ZiP ADDRESS		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505; Fi	TE: Register 13 1.1 1.2 1.3 1.44 2.1 2.23 2.4 3.1 3.21	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME STREET; CITY-ST TITLE NAME	ADDRESS -ZIP ADDRESS 1-ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505; Fi	TE: Registerr 13 1.1' 1.2' 1.3' 1.44 2.1' 2.24 3.1' 3.2 3.3'	ed Agent 3. TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET	ADDRESS -ZIP ADDRESS 1. ZIP ADDRESS		en reinstating) ADDITIONS/CI	HANGES TO C	DATE	AND DIRECT Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, FI pplicable. (NOT TORS DELETE DELETE DELETE	TE: Register 13 1.1 1.2 1.3 1.44 2.1 2.24 3.1 3.2 3.4 3.1 3.4 3.1 3.4	ed Agent 3. TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE NAME CITY-ST TITLE CITY-ST TITLE CITY-ST TITLE CITY-ST	ADDRESS -ZIP ADDRESS 1. ZIP ADDRESS		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505; Fi	TE: Register 13 1.1 1.2 1.3 1.44 2.1 2.24 3.1 3.2 3.4 4.1	ed Agent 3. TITLE NAME STREET ITTLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME TITLE	ADDRESS -ZIP ADDRESS 1. ZIP ADDRESS		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, FI pplicable. (NOT TORS DELETE DELETE DELETE	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.4 4.1 4.2	addes. add Agent add	ADDRESS -ZIP ADDRESSZIP ADDRESSZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, FI pplicable. (NOT TORS DELETE DELETE DELETE	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.1 4.2 4.3 6	adutes. ad Agent ad Agen	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, Fi	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3 4.4 4.4	addes. addagent addagent	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT ☐ Change ☐ Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, FI pplicable. (NOT TORS DELETE DELETE DELETE	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3 4.4 5.11	addes. addagent addagent	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT Change Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAME	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, Fi	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3 4.4 5.11 5.21	addes. addagent addagent	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT ☐ Change ☐ Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, Fi	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3 4.1 5.11 5.21	addes. addagent addagent	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT ☐ Change ☐ Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap ICERS AND DIRECT	ection 607.0505, Findicable. (NOTORS DELETE	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3 4.1 5.11 5.21 5.3 5.4(addes. addagent addagent	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap CERS AND DIRECT DENS DR., STE. 4 FL 33170	ection 607.0505, Fi	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3 4.1 5.11 5.21 5.3 5.4 6.1	addes. addagent addagent	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT ☐ Change ☐ Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap CERS AND DIRECT DENS DR., STE. 4 FL 33170	ection 607.0505, Findicable. (NOTORS DELETE	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.4 4.1 4.2 4.3 4.4 5.1 5.2 6.1 6.2 1 6.2 1 6.2	addes. addagent addagent	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Signature, typed or printed name of n OFFI DPST COZZA, JOSEPH 1814 N.E. MIAMI GARI NORTH MIAMI BEACH	the obligations of, Si egistered agent and title if ap CERS AND DIRECT DENS DR., STE. 4 FL 33170	ection 607.0505, Findicable. (NOTORS DELETE	TE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 3.4 4.1 5.1 5.2 5.4 6.1 6.3 8	addes. addagent addagent	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP		en reinstating) ADDITIONS/CI	HANGES TO C	DATE OFFICERS	AND DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition

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 other like empowered.

SIGNATURE:

