SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 JUL 25 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080922 (5)**

1. Corporate Name

TECHNICAL DIAGNOSTIC CENTER, INC.

Principal Place of Business

115 S.W. LEJEUNE ROAD
MIAMI FL 33134

Mailing Address

115 S.W. LEJEUNE ROAD
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1994**

3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 **1281 N.W. 6th St.**
Suite, Apt. #, etc.: 22
City & State: 23 **Miami, Florida**
Zip: 24 **33125** County: 25 **USA**

2a. Mailing Address
26 **1281 N.W. 6th ST.**
Suite, Apt. #, etc.: 27
City & State: 28 **MIami, Florida.**
Zip: 29 **33125** Country: 30 **USA**

4. FEI Number: **65-0546927** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has activity for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: **Paul Newport**
82 Address (P.O. Box Number is Not Acceptable): **1281 N.W. 6th St.**
83
84 City: **Miami** **FL** 85 Zip Code: **33125**

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: Paul M. Newport (If changing Registered Agent, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEWPORT, PAUL
STREET ADDRESS	1281 N.W. 6TH ST.
CITY-ST-ZIP	MIAMI FL 33125

13.

41 TITLE	President, Secretary,
42 NAME	Director-Paul Newport
43 STREET ADDRESS	1281 N.W. 6th Street
44 CITY-ST-ZIP	Miami, Florida 33125

☐ Change ☒ Addition

☐ Change ☐ Addition

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14. I declare, I certify that the information supplied with this filing is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Paul M. Newport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/95)

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