FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001551240
-08/01/95--01108--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000083288 (8)

1. Corporation Name
DIAGNOSTIC MOBIL SERVICES INC.

Principal Place of Business
12380 S.W. 82ND AVE.
MIAMI FL 33156

Mailing Address
12380 S.W. 82ND AVE.
MIAMI FL 33156

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 13072 SW 88 LN
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MIAMI, FL
Zip 24 / Country 25	Zip 29 33186 / Country 30 DADE

4. FEI Number: 65-0533811 — 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

ASPIAZU, CARLOS A 12380 S
12380 S.W. 82ND AVE.
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Guillermo Donadio
82 Street Address (P.O. Box Number is Not Acceptable): 13072 SW 88 LN
83
84 City: MIAMI FL 85 Zip Code: 33186

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]
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	PTSD	1 1 TITLE	PTSD ☐ Change ☐ Addition
NAME	CHARLES, SOLANGE	1 2 NAME	CHARLES, SOLANGE
STREET ADDRESS	20831 SAM SIMON WAY #102	1 3 STREET ADDRESS	20831 SAN SIMON WAY # 102
CITY ST ZIP	MIAMI FL 33176	1 4 CITY ST ZIP	MIAMI FL 33176
TITLE	PSD	2 1 TITLE	☐ Change ☐ Addition
NAME	~~PARDO, REGINALDO~~	2 2 NAME	
STREET ADDRESS	~~245 83RD STREET #5~~	2 3 STREET ADDRESS	
CITY ST ZIP	~~MIAMI BEACH FL 33141~~	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	REMITTED BY MAY 1
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	5/1/95 mst
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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 4-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160510 CP