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 12 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000083566 (7)**

1. Corporation Name
R.B. DIAGNOSTIC CENTER, INC.

300001487883
-05/16/95--01002--008
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5765 WEST 25TH COURT APARTMENT 112 HIALEAH FL 33017	5765 WEST 25TH COURT APARTMENT 112 HIALEAH FL 33017

3. Date Incorporated or Qualified: **11/14/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4759 PALM AVE	26 4759 PALM AVE
Suite, Apt. #, etc. 22 Suite 222	Suite, Apt. #, etc. 27 Suite 222
City & State 23 Hialeah, Fl	City & State 28 Hialeah Fl
Zip 24 33012	Zip 29 33012
Country 25 DADE	Country 30 DADE

4. FEI Number: 65-0543824 ☐ 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

BALLESTER, ROBERTO
5765 WEST 25TH COURT
APARTMENT 112
HIALEAH FL 33017

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: R Ballester 3/21/95
Signature of, and 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	PVST	11 TITLE	☐ Change ☐ Addition
NAME	BALLESTER, ROBERTO	12 NAME	
STREET ADDRESS	5765 WEST 25TH COURT, APARTMENT 112	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33017	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BALLESTER, ROBERTO	22 NAME	
STREET ADDRESS	5765 WEST 25TH COURT, APARTMENT 112	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33017	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	5/12/95 MSF

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)(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: R Ballester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digitized Picture #

COR031 CP