FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000085754 (7)**

1. Corporation Name

J.M. DIAGNOSTIC GROUP, INC.

Principal Place of Business	Mailing Address
4230 SW 98 CT MIAMI FL 33165 US	2903 SALZADO ST. CORAL GABLES FL 33134

2. Principal Place of Business	2a. Mailing Address
21 1470 NW 107 Ave	26 1470 NW 107 Ave
Suite, Apt. #, etc. 22 F	Suite, Apt. #, etc. 27 F
City & State 23 Miami, Fla	City & State 28 Miami, Fla
Zip 24 33172 Country 25 USA.	Zip 29 33172 Country 30 USA.

3. Date Incorporated or Qualified: **11/28/1994**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **65-0543150** [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FIGUEROA, ALBERTINA D
2903 SALZEDO ST.
CORAL GABLES FL 33134

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 607.1403, 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE: Figueroa (Albertina D. Figueroa) 4/15/96
Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	PVST	[ ] DELETE
NAME	FIGUEROA, ALBERTINA D	
STREET ADDRESS	4230 S.W. 98TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	FIGUEROA, ALBERTINA D	
STREET ADDRESS	4230 S.W. 98TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS N°2

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is complete, accurate and current for the fiscal year stated in Section 119.07(2)(a), 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 attached document with this address.

SIGNATURE: Figueroa (Albertina D. Figueroa) 4/15/96 (305) 594-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)