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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000008041 (2)

1. Corporation Name
MEDICAL PARK DIAGNOSTIC INC.



Principal Place of Business
9090 S.W. 87TH CT.
MIAMI FL 33178

Mailing Address
9090 S.W. 87TH CT.
MIAMI FL 33178-2305

3. Date Incorporated or Qualified 01/31/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for State, Apt. #, City & State, Zip, and Country.

4. FEI Number 65-0549986, Applied For Not Applicable, 5. Certificate of Status Desired \$8.75 Additional Fee Required, 6. Election Campaign Financing \$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
POZO, JAIME
9090 S.W. 87TH CT.
MIAMI FL 33178

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-nesting) DATE

12. OFFICERS AND DIRECTORS (11-14) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (11-14) tables with fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Delete, Change, and Addition.

14. I do 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 included 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: [Signature] 4-29-97 305-766-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)