FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008041 (2)

MEDICAL PARK DIAGNOSTIC INC.

Principal Place of Business Mailing Address 9090 S.W. 87TH CT. 9050 O.W. 07111 O

FILED Apr 27 1998 8:00am Secretary of State

8000 W. Haster St. \$101 Kinni R. 23144				DO NOT WRITE IN THIS SPACE	
		SOUD W. PING	2 - 111	3. Date incorporated or Qualified	
			77194	01/31/1995	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0549986	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		I h Conting to A Status Desired	75 Additional se Required
City & Stat	9	City & State		6. Election Campaign Financing \$5.	.00 May Be
23		28			ded to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year	
24	25	29	30	Personal Property Tax due June 30. Yes	□ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
POZO, JAIME				20. Think to	
	90 S.W. 87TH CT.		82 Sepet Add	dress (P.O. Beat Number is Not Acceptable)	
	AMI FL 33176	W. FASIER ST.			
83 5.4					
ł			84 City		Zio Codo + A
			64 City	FL 85	35144
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 r	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ite of Florida. Such change was ligations of Section 607,0505. Fl	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the appointmen	it as registered
SIGNATURE					
SIGNATIONS	Signature, typed or printed name of registered	agent and title if applicable (NO	TE: Registered Agent signature requ		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	Ð	DELETE	1.1 TITLE	Cha	nge 🔲 Addition
NAME	POZO, JAIME		1.2 NAME	on TAIME A. FIDI	ı
STREET ADDRESS	8000 W. FLAGLER ST., #2	07	1.3 STREET ADDRESS	to or Master of Prop	
CITY - ST - ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	(1441) H. 73/44	
TITLE		☐ DELETE	2.1 TITLE	[_] Cha	nge 🔲 Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	[_] Cha	nge LJ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Cha	nge 🔲 Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	Chai	nge Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Chai	nge Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I hereby c	ertify that the information supplied	with this filing does not qualify f	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that	t the information

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a on or the receiver or trustely empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or an attachment with an address.

SIGNATURE:

305-266-7300 X210