

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022819 (3)

1. Corporation Name

MIAMI DIAGNOSTIC AMBULATORY CENTER, INC.

Principal Place of Business

12555 BISCAYNE BLVD.
APT. 875
MIAMI FL 33181

Mailing Address

12555 BISCAYNE BLVD.
APT. 875
MIAMI FL 33181

NEW ADDRESS:

2. Principal Place of Business

2a. Mailing Address

21 3990 WEST FLAGLER ST #300

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CORAL GABLES, FL 33134

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

4. FEI Number

65-0567196

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

10. Name and Address of New Registered Agent

81 Name

LARRY DE JESUS

82 Street Address (P.O. Box Number is Not Acceptable)

3990 WEST FLAGLER ST #300

83

84 City

MIAMI

FL

85

Zip Code
33134

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, by or principal name of registered agent and state if applicable

NOTE: Registered Agent signature required when registering

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DE JESUS, LARRY
STREET ADDRESS 12555 BISCAYNE BLVD. APT. 875
CITY-ST-ZIP MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY DE JESUS

5/3/96 305-940-3334

CR2E034 (12/95)