

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000029776 (8)

1. Corporation Name
ELECTRO DIAGNOSTICS, INC.

Principal Place of Business

757 WEST 50TH STREET
HIALEAH FL 33012

Mailing Address

757 WEST 50TH STREET
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

65-0572590

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 601 E. 99 ST

Suite, Apt. #, etc.

22 B

City & State

23 HIALEAH, FL.

Zip

24 33013

Country

25 DADC

2a. Mailing Address

26 757 W. 50 ST.

Suite, Apt. #, etc.

27 -

City & State

28 HIALEAH, FL.

Zip

29 33012

Country

30 DADC

9. Name and Address of Current Registered Agent

CAPOTE, BLANCA
8230 W 18 LN DR.
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name ANGELA SAINZ
82 Street Address (P.O. Box Number is Not Acceptable)
757 W. 50 ST
83
84 City HIALEAH, FL. 85 Zip Code 33012

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SAINZ, ANGELA	
STREET ADDRESS	757 W 50 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MANUENO, SALVADOR	
STREET ADDRESS	757 W 50 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAPOTE, BLANCA	
STREET ADDRESS	6290 N.W. 173 ST, #124	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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 a waiver of amendment with an address.

SIGNATURE:

Angela Sainz

7/8/98

CR2E034 (5/98)