Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90006 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038687

1. Corporation Name

GARLES DIAGNOSTIC IMAGING ASSOCIATES, INC.

·	photocrio intraina rioc	,			
Principal Place	of Business	Mailing Address		- 180011001 1910 10101 1110 1110 1110 111	BULLI DOLDE KILÊK IDILE DILDI IDILI 1991 1991
•	GISTERED AGENT CORPORATION -20TH-FLOOR.	C/O KTG&S-REGISTERED 100-SE 2ND-ST-28TH FLO MIAMI-FL-39131		DO NOT WRITE	IN THIS SPACE
		3		3. Date Incorporated or Qualifed	_
2. Principal Pl	ace of Business	2a. Mailing Address	1. Spratt, Ir.	05/12/1995 4. FEI Number	Applied For
21 201 5	Biscoune Blud.	26 201 5. Bis	coune Blud.	65-0289408	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23 <u>Mia</u>	mi Florida	Zip Zip	Florida.	Trust Fund Contribution 8. This corporation owes the curren	Added to Fees
		29 33131	30 USA	Personal Property Tax.	Tv.Yes □No
24 3313	9. Name and Address of Current		130 030	10. Name and Address of New Reg	gistered Agent
KTORS REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR 81 Name 100 SE 2ND ST 28TH FLOOR 83 JL					
MAMI FL 33131					
			84 City	m'i	FL 85 Zip Code 33131
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, types or ginled frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOTTLIEB, STUART M.D.		1.2 NAME		•
STREET ADDRESS	495 BILTMORE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME ,	_		2.2 NAME		
STREET ADDRESS	·		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	·		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	L		3.2 NAME		}
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		- <u> </u>	3,4. CITY-ST-ZIP		
TITLE	?	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		_
STREET ADDRESS			4.3 STREET ADDRESS		·
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>	
TITLE		DELETE	5.† TITLE		Change Addition
NAME	e. 4		5.2 NAME		· `,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TILE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 of 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 all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS