FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000051241 (4)**

1. Corporation Name

MD DIAGNOSTIC LAB, INC.

Principal Place of Business

8885 FONTAINEBLEAU BLVD., #104
MIAMI FL 33172

Mailing Address

8885 FONTAINEBLEAU BLVD., #104
MIAMI FL 33172

3. Date Incorporated or Qualified: 06/30/1995

3a. Date of Last Report:

4. FEI Number: 65-0592117 — 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 has liability for intangible tax under s. 199.032 Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip
24 Country 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip
29 Country 30

9. Name and Address of Current Registered Agent

MARTIN, MIREYA H
8885 FONTAINEBLEAU BLVD., #104
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1505, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	SUAREZ, DULCE M	
STREET ADDRESS	8885 FONTAINEBLEAU BLVD., #104	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DS	[ ] DELETE
NAME	MARTIN, MIREYA H	
STREET ADDRESS	8885 FONTAINEBLEAU BLVD., #104	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7 TITLE	[ ] Change [ ] Addition
7 NAME	
7 STREET ADDRESS	
7 CITY-ST-ZIP	
8 TITLE	[ ] Change [ ] Addition
8 NAME	
8 STREET ADDRESS	
8 CITY-ST-ZIP	
9 TITLE	[ ] Change [ ] Addition
9 NAME	
9 STREET ADDRESS	
9 CITY-ST-ZIP	
10 TITLE	[ ] Change [ ] Addition
10 NAME	
10 STREET ADDRESS	
10 CITY-ST-ZIP	
11 TITLE	[ ] Change [ ] Addition
11 NAME	
11 STREET ADDRESS	
11 CITY-ST-ZIP	
12 TITLE	[ ] Change [ ] Addition
12 NAME	
12 STREET ADDRESS	
12 CITY-ST-ZIP	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report as a duly elected officer or director.

SIGNATURE: 4/8/96 (305)264-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIREYA H. MARTIN

DATE TELEPHONE

CR2E034 (12/95)