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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052505 (1)

LAURA MARIA MEDICAL READING, CORP.

FILED Feb 27 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			f idfilder tiå idiåt ditit detti antit notit notat ettit notit notat attit anti		
7801 CORAL WAY #121 MIAMI FL 33155		7801 CORAL WAY #1	21				
		MIAMI FL 33155	MIAMI FL 33155		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					07/07/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0592931		Not Applicable
Suite, Apt. #	V, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			6. Certificate of Status Desired	Fee	Required
City & State		City & State			6. Election Campaign Financing		O May Be
23		28			Trust Fund Contribution	··-	d to Fees
Zip	Country	Ζ(ρ)	Cou	ntry	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	Yes	∐ No
	g. Name and Address of Cur	rent Registered Agent		04	10. Name and Address of New Registere	a Agent	
GUT	TIERREZ, RICARDO			81 Name			
324	2 N.W. 99 STREET		Ì	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33147						
				83			
				B4 City		. 85 Z	ip Code
						L	
11. Pursuant t	o the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	atutes, the at	ove-named co	proporation submits this statement for the purpose	of changing	g its registered as registered
agent. Lar	ngistered agent, or boin, in the so In familiar with, and accept the ob-	alle of Florida - Such Change w oligations of, Section 607.0505	, Florida Stat	utes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the a	.ppo	20 10 g.c.c. 20
SIGNATURE							
OIOITATOTIE .	Stonature, typied or printed mane of regulated		(NOTE: Registered	Agent signature rec	guired when reinstating) DATI		
12.		AND DIRECTORS	13.	··· 1.2	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
TITLE	PVD	☐ DETELE	1.1 TH	ILE	SD Alejandro ingala	TT CHRU	Je Audition
NAME	GUTIERREZ, RICARDO		1.2 N		9735 N W 52 ST		
STREET ADDRESS	3242 NW 99 STREET						
CITY-ST-ZIP	MIAMI FL 33155			TY-ST-ZIP	MIGMI . FL . 33178	TT Ohnor	Addition
TITLE	TD	☐ DELETE	2.1 TJ			Chang	ge 🔲 Addition
NAME	PENALVER, LUISA		2.2 N/	i			
STREET ADDRESS	10410 NW 131 STREET		2.3 \$1	REET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 33			ITY-S1-ZIP		<u> </u>	
TITLE		DELETE	3.1 TI	ILE		Chang	ge L Addition
NAME			3.2 N	W E			
STREET ADDRESS			3.3 \$1	REET ADDRESS			
CHTY-ST-ZIP			3.4. C	ITY-ST-ZIP			
TITLE		DELETE	4.1 Ti	rl e		Chang	ge Addition
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP	1		4.4 C	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 1)	TLE		Chan	ge 🔲 Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 \$	REET ADDRESS			
CITY-ST-ZIP			5.4 C	TY-S1-ZIP			
TITLE		DELETE	6.1 T I	TLE		☐ Chan	ge 🔲 Additio
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			
CITY ST. ZIP			6,4 C	TY - \$T - Z IP			
14. I hereby o	certify that the information supplie	d with this filing does not qual	lify for the ex	emption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that	the information

reports coming that the information supplied with this time does not dealing to the obstitution of the supplied that it are not indicated on this annual report or supplied that it are an 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

TUBE, R. GUTICAREZ, PVD

2-20-98