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1998 JUN -10 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000061839 (3)

1. Corporation Name

K.M.R. DIAGNOSTIC EQUIPMENT INC.

Principal Place of Business

10300 SUNSET DR.
470 F
MIAMI FL 33173

Mailing Address

10300 SUNSET DR.
470 F
MIAMI FL 33173

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CARMONA, MIGUEL
10300 SUNSET DRIVE, #470-F
MIAMI FL 33173

3. Date Incorporated or Qualified

08/10/1995

4. FEI Number

65-0605206

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

JUAN A. CADAVIECO

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

5590 W. 20 AVENUE

83

SUITE 200 A

84 City

HALEAH

FL

85 Zip Code

33016

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 JUAN A. CADAVIECO, PRES.

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature is required when submitting)

DATE

4/24/98

12. OFFICERS AND DIRECTORS

TITLE

PSTD

NAME

CARMONA, MIGUEL

STREET ADDRESS

10300 SUNSET DRIVE, #470-F

CITY-ST-ZIP

MIAMI FL 33173

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

PSTD

1.2 NAME

JUAN A. CADAVIECO

1.3 STREET ADDRESS

5590 W. 20 AVENUE SUITE 200 A

1.4 CITY-ST-ZIP

Hialeah, FL 33016

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

SCC 6-5-98

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 an attachment with an address.

CR2E034 (10/97)