

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90196 009 ***150.00

DOCUMENT # P95000068504

1. Corporation Name

A.R.C. DIAGNOSTIC CENTER INC

Principal Place of Business

7801 CORAL WAY
STE 131
MIAMI FL 33155

Mailing Address

7801 CORAL WAY
STE 131
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1995

4. FEI Number

65-0605193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CARRAI, JUAN J
15103 SW 63 TERRACE
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name

GONNELLI, MARTA

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

15103 SW 63 TERRACE

83

84 City

MIAMI

FL

85 Zip Code

33193

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

MARTHA GONNELLI
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CARRAI, JUAN J
STREET ADDRESS 15103 SW 63 TERRACE
CITY-ST-ZIP MIAMI FL 33193

TITLE TSD ☐ DELETE

NAME GONNELLI, RAUL
STREET ADDRESS 13704 SW 51 TERRACE
CITY-ST-ZIP MIAMI FL 33175

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

1.1 TITLE DIP GONNELLI, MARTA ☐ Change ☐ Addition

1.2 NAME 15103 SW 63 TERRACE

1.3 STREET ADDRESS MIAMI FL 33193

1.4 CITY-ST-ZIP

2.1 TITLE DIP GONNELLI, ANGEL ☐ Change ☐ Addition

2.2 NAME 13704 SW 51 TERRACE

2.3 STREET ADDRESS MIAMI FL 33175

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 for 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, with all other like empowered.

SIGNATURE:

MARTHA GONNELLI
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

4/21/99

CR2E034 (11/98)