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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077464 (2)

1. Corporation Name

NATIONAL MAMMOGRAPHY CENTERS, INC.



Principal Place of Business

9709 ARBOR OAKS LANE, #207
BOCA RATON FL 33428

Mailing Address

9709 ARBOR OAKS LANE, #207
BOCA RATON FL 33428

3. Date Incorporated or Qualified

10/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9709 ARBOR OAKS LANE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 207

27

City & State

City & State

23 Boca Raton FL

28

Zip

Country

Zip

Country

24 33428

25

Palm Beach

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORTIZ, FERNANDO

9709 ARBOR OAKS LANE, #207
BOCA RATON FL 33428

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 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 (typed or printed name of registered agent or officer or director)

Printed Name of Agent (signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME FERNANDO L. ORTIZ
STREET ADDRESS 9709 ARBOR OAKS LANE #207
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME RONNY ARONSON
STREET ADDRESS 1125 S.W. 9th Court
CITY-ST-ZIP Pembroke Pines FL 33025

TITLE ☐ DELETE

NAME Secretary / Treasurer
STREET ADDRESS Dr. David H. Tuckel
CITY-ST-ZIP 53 Hibiscus Dr.
Punta Gorda FL 33950

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando L. Ortiz, President

April 30, 1996 (407) 4519631

CR2E034 (12/95)