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 # **P95000079398 (0)**

1. Corporation Name

NEW DIAGNOSTIC INC.

Principal Place of Business	Mailing Address
8531 S.W. 10TH TERRACE MIAMI FL 33144	8531 S.W. 10TH TERRACE MIAMI FL 33144

3. Date Incorporated or Qualified: **10/13/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21: 9105 sw 8 Street
Suite, Apt. #, etc.
22: # 405
City & State
23: Miami, FL
Zip 24: 33144 | Country 25: USA

2a. Mailing Address
26: P O Box 44-1566
Suite, Apt. #, etc.
27:
City & State
28: Miami, FL
Zip 29: 33144-1566 | Country 30: USA

4. FEI Number: 65-0611743 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

RIVERA, SONIA MRS
8531 S.W. 10TH TERRACE
MIAMI FL 33144

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 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 and title, if applicable) (If not, Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVTS	☐ DELETE	1.1 TITLE	P-V	☒ Change ☐ Addition
NAME	RIVERA, SONIA MRS		1.2 NAME	Rivera James Mr	
STREET ADDRESS	8531 S.W. 10TH TERRACE		1.3 STREET ADDRESS	9105 sw 8Street Ste # 405	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	Miami, FL 33144	
TITLE	D	☐ DELETE	2.1 TITLE	T-S	☒ Change ☐ Addition
NAME	RIVERA, SONIA MRS		2.2 NAME	Rivera Sonia Mrs.	
STREET ADDRESS	8531 S.W. 10TH TERRACE		2.3 STREET ADDRESS	7105 SW. 8 Street Ste # 405	
CITY-ST-ZIP	MIAMI FL 33144		2.4 CITY-ST-ZIP	Miami, FL. 33144	
TITLE		☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME			3.2 NAME	Rivera James Mrs.	
STREET ADDRESS			3.3 STREET ADDRESS	7105 SW 8 Street Ste # 405.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, FL 33144	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Sonia Rivera 04/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #