

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

FILED

Apr 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000079398 (0)**

1. Corporation Name  
**NEW DIAGNOSTIC INC.**

Principal Place of Business

**7105 SW 8TH STREET  
SUITE 405  
MIAMI FL 33144  
US**

Mailing Address

**P.O. BOX 44-1566  
MIAMI FL 33144-1566  
US**



3. Date Incorporated or Qualified **10/13/1995** 3a. Date of Last Report **05/01/1996**

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

2. Principal Place of Business	2a. Mailing Address
21 <b>7171 Corn Way</b>	26 <b>P.O. Box 44-1566</b>
Suite, Apt. #, etc. <b>Ste #207.</b>	Suite, Apt. #, etc.
22 <b>City &amp; State</b>	27 <b>City &amp; State</b>
<b>23 Miami, FL</b>	<b>28 Miami, FL</b>
Zip <b>33155</b> Country <b>Orlando</b>	Zip <b>33144-1566</b> Country <b>Ande</b>

9. Name and Address of Current Registered Agent

**RIVERA, JAMES  
7105 SW 8 STREET  
SUITE 405  
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name <b>James Rivera</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7171 Corn Way Ste 207.</b>
83
84 City <b>Miami</b> FL 85 Zip Code <b>33155</b>

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: *James Rivera* (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PV</b>	<input type="checkbox"/> DELETE
NAME <b>RIVERA, JAMES MR.</b>	
STREET ADDRESS <b>7105 SW 8TH STREET #405</b>	
CITY-ST-ZIP <b>MIAMI FL 33144</b>	
TITLE <b>TS</b>	<input type="checkbox"/> DELETE
NAME <b>RIVERA, SONIA MRS.</b>	
STREET ADDRESS <b>7105 SW 8 STREET STE#405</b>	
CITY-ST-ZIP <b>MIAMI FL 33144</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>RIVERA, JAMES MRS.</b>	
STREET ADDRESS <b>7105 SW 8 STREET STE#405</b>	
CITY-ST-ZIP <b>MIAMI FL 33144</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P-V-T-S.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>James Rivera</b>	
1.3 STREET ADDRESS <b>7171 Corn Way Ste#207</b>	
1.4 CITY-ST-ZIP <b>Miami, FL 33155.</b>	
2.1 TITLE <b>D.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>James Rivera</b>	
2.3 STREET ADDRESS <b>7171 Corn Way Ste#207</b>	
2.4 CITY-ST-ZIP <b>Miami, FL 33155.</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

*James Rivera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 263-9535**

CR2E034 (9/96)