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**

DOCUMENT # P95000079398

1. Corporation Name

NEW DIAGNOSTIC INC.

Principal Place	of Business	Mailing Address							
7171 CORAL W	AY	PO BOX 44-1566							
STE 207 MIAMI FL 33144-1566 MIAMI FL 33155 US						DO NOT WRITE	IN THIS S	PACE	
US						3. Date Incorporated or Qualifed			
يستعير بالمتحددون				£_===;		10/13/1995	~,~ ~ ~		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0611743			ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22		27							equired
City & State	•	City & State				6. Election Campaign Financing		\$5.00 Added	May Be
23	Countries	Zip	Count	n/		Trust Fund Contribution This corporation owes the current	t vone Into		0 1 603
Zip	Country	`	10	.,		Personal Property Tax.		Yes	□No
24	9. Name and Address of Current		,,,			10. Name and Address of New Re	gistered A	gent	
	J. Hallo and Address of Content		8	1 Nam	e				
RIVE	ra, James		8	2 Stro	t Addro	ss (P.O. Box Number is Not Acceptab	le)		
7171	CORAL WAY			2 Street	ar Addre	SS (F.O. BOX NUMBER IS NOT ACCEPTED		•	
STE				3	,				
MIAN	MI FL 33155		-	4 City				85 Zip	Code
				1 1			FL_		
_11Pursuant.t	to the provisions of Sections 607 0502 egistered agent, or both, in the State o	and 607-1508, Florida Statutes	the abo	ve-name	d corpo	ration submits this statement for the p	urpose of c	hanging its	registered
office or re agent. I ar	egistered agent, or both, in the State of the familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statut	es.	porador	15 board of directors. Thereby decept	ино арроин		9.2.2
·									}
SIGNATURE	Signature, typed or printed name of registered agent				e required	when reinstating)	DATE		
SIGNATURE	OFFICERS AND	and title if applicable. (NOTE: R			e required	when reinstating) ADDITIONS/CHANGES TO OFFI			
		and title if applicable. (NOTE: R	tegistered A	jent signatu	e required			DIRECTO	ORS IN 12
12.	PVTS RIVERA, JAMES	and title if applicable. (NOTE: R	tegistered A	gent signatu	e required				
12.	OFFICERS AND	and title if applicable. (NOTE: R	13.	gent signatu	T				
12. TITLE NAME	PVTS RIVERA, JAMES	and title if applicable. (NOTE: R) DIRECTORS DELETE	13.	ent signatu	T			☐ Change	Addition
12. TITLE NAME STREET ADDRESS	PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAM 1.3 STRE	ent signatu	T				
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS	and title if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	ET ADDRE	T			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW 8 STREET STE #405	and title if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	ET ADDRE	ss			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	ent signatu EET ADDRE ST-ZIP EET ADDRE	ss			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D	and title if applicable. (NOTE: R) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE	ent signatu	ss			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM	ent signatu	ss ss			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES 7171 CORAL WAY	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM 3.3 STRE	ent signatu E ET ADDRE ST-ZIP E ET ADDRE -ST-ZIP E ET ADDRE	ss ss			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CIT 3.4 CITY	EET ADDRE	ss ss			Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES 7171 CORAL WAY	and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CIT 4.1 TITLE	EET ADDRE	ss ss			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES 7171 CORAL WAY	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.1 TITLE 4.2 NAM	EET ADDRE	35			Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES 7171 CORAL WAY	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE	EET ADDRE	35			Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES 7171 CORAL WAY	and title if applicable. (NOTE: R) D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.4 CITY 4.4 CITY	EET ADDRE	35			Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES 7171 CORAL WAY	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.1 TITLE	EET ADDRE	35			Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES 7171 CORAL WAY	and title if applicable. (NOTE: R) D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	EET ADDRE	35			Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES 7171 CORAL WAY	and title if applicable. (NOTE: R) D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE 5.3 STRE	EET ADDRE EST-ZIP EET ADDRE ST-ZIP EET ADDRE ST-ZIP EET ADDRE ST-ZIP EET ADDRE EET ADDRE EET ADDRE	35			Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PVTS RIVERA, JAMES 7171 CORAL WAY STE 207 MIAMI FL 33155 D RIVERA, JAMES MRS 7105 SW-8 STREET STE #405 MAMI FL 33144 D RIVERA, JAMES 7171 CORAL WAY	and title if applicable. (NOTE: R) D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	EET ADDRE	35			Change	Addition Addition Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90196 044 ***150.00