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FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000006310 (2)

1. Corporation Name

INTERSCAN DIAGNOSTIC CENTER, INC.

Principal Place of Business

404 N.W. 136TH PLACE
MIAMI FL 33182

Mailing Address

404 N.W. 136TH PLACE
MIAMI FL 33182-1938

3. Date Incorporated or Qualified

01/19/1996

3a. Date of Last Report

05-28-96

4. FEI Number

65-0637710

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

404 N.W. 136TH PLACE

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33182

Country

DATE

Zip

33182

Country

DATE

9. Name and Address of Current Registered Agent

FERNANDEZ, GEORGINA C
404 N.W. 136TH PLACE
MIAMI FL 33182

10. Name and Address of New Registered Agent

81. Name

FERNANDEZ, GEORGINA C

82. Street Address (P.O. Box Number is not acceptable)

13800 SW 8TH ST, BOX 315

83.

84. City

MIAMI

FL

85. Zip Code

33184

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

Georgina C. Fernandez

(NOTE: Registered Agent signature required when reinstating)

1-6-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FERNANDEZ, GEORGINA C
STREET ADDRESS 404 N.W. 38TH PLACE
CITY - ST - ZIP MIAMI FL 33182

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgina C. Fernandez 1-6-97

Date

Daytime Phone #

CR2E034 (9/96)