FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 02 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 # **P96000009347 (1)**

1. Corporation Name
ARCHY'S DIAGNOSTIC CENTER, INC.

Principal Place of Business
11398 WEST FLAGLER STREET
MIAMI FL 33165

Mailing Address
11398 WEST FLAGLER STREET
MIAMI FL 33174-4213

3. Date Incorporated or Qualified: **01/30/1996**
3a. Date of Last Report: **n/a**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: **65-0631843** ☐ 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
FALCON, ARNALDO F
11226 N.W. 5 TERRACE
MIAMI FL 33172

New Address →

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **11398 West Flagler St Room #204**
83
84 City **Miami** **FL** 85 Zip Code **33174-4213**

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 _____ (NOTE: RegAgent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: **PS** **FALCON, ARNALDO F** **11398 WEST FLAGLER STREET** **MIAMI FL 33165**	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition
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CR2E034 (9/96)

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 addi

SIGNATURE: X _____ 4/23/97 2230101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER Date Daytime Phone #
0235593