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May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000014304 (5)

1. Corporation Name  
MEDICAL IMAGING & DIAGNOSTICS, INC.

Principal Place of Business

7500 SW 8 ST  
SUITE 101  
MIAMI FL 33144  
US

Mailing Address

7500 SW 8 ST  
SUITE 101  
MIAMI FL 33144  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1996

4. FEI Number

65-0644005

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26 2450 Hollywood Blvd

Suite, Apt. #, etc.

27 SUITE 300

City & State

28 Hollywood FL

Zip

29 33020

Country

30 BROWARD

9. Name and Address of Current Registered Agent

LOPEZ, JOSE  
9101 S.W. 17 STREET  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

VLADIMIR GRNJA

82 Street Address (P.O. Box Number is Not Acceptable)

2450 HOLLYWOOD BLVD

83

SUITE 300

84 City

HOLLYWOOD

FL

85 Zip Code

33020

11. Pursuant to the provisions of Sections 607.1502 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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/98

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D LOPEZ, JOSE  
9101 S.W. 17 STREET  
MIAMI FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D LEON, MANUEL R  
4045 SW 138 AVENUE  
MIAMI FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP VLADIMIR GRNJA  
2450 HOLLYWOOD BLVD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
Change Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
Change Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
D VLADIMIR GRNJA  
2450 HOLLYWOOD BLVD, #300  
HOLLYWOOD FL 33020  
Change Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
Change Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
Change Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
Change 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 this filing.

SIGNATURE:

VLADIMIR GRNJA

DIRECTOR

4/15/98

954-929-3400

CR2E034 (10/97)