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 # P96000038681 1. Corporation Name

FINLAY DIAGNOSTIC CENTER INC.

FILED Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90001 015 ***150.00



Fillicipal Plat	ce of business	Mailing	Address								
1653 SW 17 TERR 1653 SW 17 TERR											
MIAMI FL 33145 MIAMI FL 33145											
US US								OT WRITE IN T	HIS SPACE	72.0	_
							3. Date Incorporated or 0	Qualifed			1
	21000						05/06/1996				╛
· ·	Place of Business 2a. Mailing Address					•	4, FEI Number		[A	oplied For	
21		26					65-0662460		N	ot Applicable	
Suite, Apt	. #, etc.	Suit	e, Apt. #, etc.				5. Certificate of Status De	sired	\$8.75	Additional	7
22	* *****	27					J. Contribute of Guida De	.51100	Fee R	equired	
City & Sta	te	City	City & State			6. Election Campaign Fin	ancing _	\$5.00	May Be	1	
23		28					Trust Fund Contributio	n		to Fees	
Zip	_ ′		Zip . Country			8. This corporation owes	the current yea	r Intangible		7	
24	25	29		30			Personal Property Tax		Yes	□No	
	9. Name and Address of Curr	ent Registered	Agent				10. Name and Address o	f New Registe	red Agent		
					81	Name					
State BET	ANCOURT, MIGUEL 37 SW 10TH LN	4			82	Street Add	ress (P.O. Box Number is Not	Assentable			4
		<i>y</i> 9			"	Street You	1655 (F.O. DOX 14011Del 15 1401	Acceptable)			
MIA	MI FL 33184				83		建锅瓶 机套	CAPTE THE TALL	Net not to be to	RELEGIA.	1
								100 6 128 1	4的自動器	是對地域	J
					84	City		ngrado adriada T	85 Zip	Code	i
f1. Pursuant	to the provisions of Sections 607.0	502 and 607 15	08 Florida Statu	tes the al	hove-	named corr	noration submits this statement	for the purpose	of changing its	registered	4
	registered agent, or both; in the Stat im familiar with, and accept the oblig					e corporati	ion's board of directors. I hereb	y accept the ap	pointment as re	gistered	
	im lamiliar with, and accept the oblig	gations or, Sect	1011 6U7.U5U5, FR	onda Stati	utes.						
SIGNATURE	Signature, typed or printed name of registered as	ent and title if sonlic	she (NOT	E: Benistered	Agest e	ionatura consile	ed when reinstating)	DATE			İ
12.		ND DIRECTOR		13.	Agork a	ignaturo require	ADDITIONS/CHANGES			DC IN 12	-
TITLE	D		☐ DELETE	1.1 TIT	TLE	· · · · · · · · · · · · · · · · · · ·		10 OFFICERO	Change	Addition	ز ل
NAME	BETANCOURT, MIGUEL			1.2 NA			175× 083× 411				
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CITY-ST-ZIP	MIAMI FL 33184			1							
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NAME	GARCIA, ZENAIDA C		_ 5222.6	2.2 NAME					☐ cualige	☐ Addition	
_	13237 SW 10TH LN										1
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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.

SIGNATURE:

CR2E034 (11/98)