

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 # P96000048561**

1. Corporation Name

**GMC DIAGNOSTIC, INC.**

Principal Place of Business

**1490 W 49TH PL  
STE 290  
HIALEAH FL 33012  
US**

Mailing Address

**16514 STOBNE HEAVEN RD.  
MIAMI LAKES FL 33014**

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90151 022 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/06/1996**

4. FEI Number

**65-0686486**

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 owes the current year Intangible  
Personal Property Tax.



**No**

9. Name and Address of Current Registered Agent

**HERNANDEZ, RICARDO T  
16514 STONE HEAVEN ROAD  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

**DAHIAN GRASS**

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

**13931 SW 177 STREET**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33177**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/24/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **HERNANDEZ, RICARDO T**  
STREET ADDRESS **16514 STONEHAVEN RD**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☒ DELETE

NAME **ALDANA-LOPEZ, LOURDES**  
STREET ADDRESS **680 WEST 77TH STREET**  
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DAHIAN GRASS**  
1.3 STREET ADDRESS **13931 SW 177 STREET**  
1.4 CITY-ST-ZIP **MIAMI- FL. 33177**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **X** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/99**

DATE

Daytime Phone #

CR2E034 (1/98)

05/06/93