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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90181 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF ST
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

DOCUMENT # P96000069031 (8)

1. Corporation Name
P.C. DIAGNOSTIC SERVICES, INC.

Principal Place of Business
101 NW 91ST AVENUE
PEMBROKE PINES FL 33024

Mailing Address
101 NW 91ST AVENUE
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1996

4. FEI Number

65-0699801

5. Certificate of Status Desired

\$8.75

Fee

6. Election Campaign Financing
Trust Fund Contribution

\$5.00

Add

8. This corporation owes or has paid the current year
Personal Property Tax due June 30. ☒ yes

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

27 Suite, Apt. #, etc.

27

28 City & State

28

29 Zip

Country

30

9. Name and Address of Current Registered Agent

CHEVERE, PETER
101 NW 91ST AVENUE
PEMBROKE PINES FL 33024

81 Name

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

83

84 City

FL 85

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 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 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 revoking)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
CHEVERE, PETER
101 NW 91ST AVENUE
PEMBROKE PINES FL 33024

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1141 NW 78th Ave
Pembroke Pines, FL 33024

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 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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes; and that my name is on Block 12 or Block 13 if changed; or on an attachment with an address.

PETER Chevere 04/21/99