

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Sep 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082606 (0)
 1. Corporation Name
PROFESSIONAL DIAGNOSTICS CENTER, INC.



Principal Place of Business 2150 SW 26TH ST. APT. 6 MIAMI FL 33133	Mailing Address 2150 SW 26TH ST. APT. 6 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1313 PONCE DE LEON BLVD.		2a. Mailing Address 26 1313 PONCE DE LEON BLVD.		3. Date Incorporated or Qualified 10/07/1996	
Suite, Apt. #, etc. 22 SUITE # 300		Suite, Apt. #, etc. 27 SUITE # 300		4. FEI Number 65-0698322	
City & State 23 CORAL GABLES, FL		City & State 28 CORAL GABLES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33134		Country 25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 U.S.A.		Zip 30 33134		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZAMORA, BETSY 2150 SW 26TH ST. APT. 6 MIAMI FL 33133				10. Name and Address of New Registered Agent			
81 Name ZAMORA, BETSY				82 Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD.			
83				84 City CORAL GABLES, FL			
85 Zip Code 33134							

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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input type="checkbox"/> DELETE	1.1 TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAMORA, BETSY		1.2 NAME ZAMORA, BETSY	
STREET ADDRESS 2150 SW 26TH ST. APT. 6		1.3 STREET ADDRESS 1313 PONCE DE LEON BLVD. SUITE # 300	
CITY-ST-ZIP MIAMI FL 33133		1.4 CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****150.00**

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.

SIGNATURE _____ **PRESIDENT** **06/15/98** **(305) 443-8500**

CR2E034 (10/97)

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June 15, 1998.

Professional Diagnostics Center, Inc.
1313 Ponce De Leon Blvd. # 300
Coral Gables, Fl 33134
(305) 443-8500
(305) 444-5955 fax

Gentlemen,

Attached you will find our 1998 Annual Report, indicating our new address. This report is being sent late, due to our change in address. The report did not get to us on a timely basis

In view of the above facts we respectfully request the abatement of the penalty for late filing.

Sincerely,

Betsy Zamora
President

PROFESSIONAL DIAGNOSTIC CENTER
2150 S.W. 79 ST. #0
MIAMI, FL 33135

03-1136/000 0117

Date 6-15-98

Pay to the order of Florida Dpt of State \$ 150.00
One hundred fifty Dollars

OCEAN BANK
CORAL GABLES, FL 33134

For P 960 0082606

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