

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

FILED  
Sep 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>10/07/1996</b>	
<b>21</b>	<b>1313 PONCE DE LEON BLVD.</b>	<b>26</b>	<b>1313 PONCE DE LEON BLVD.</b>	<b>4. FEI Number</b> <b>65-0698322</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	Suite, Apt. #, etc. <b>SUITE # 300</b>	<b>27</b>	Suite, Apt. #, etc. <b>SUITE # 300</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>23</b>	City & State <b>CORAL GABLES, FL</b>	<b>28</b>	City & State <b>CORAL GABLES, FL</b>	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>24</b>	Zip <b>33134</b>	<b>25</b>	Country <b>U.S.A.</b>	<b>29</b>	<b>30</b>
<b>29</b>	<b>33134</b>	<b>30</b>	<b>U.S.A.</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <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**

<b>81</b>	Name <b>ZAMORA, BETSY</b>
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable) <b>1313 PONCE DE LEON BLVD.</b>
<b>83</b>	
<b>84</b>	City <b>CORAL GABLES, FL</b>
<b>85</b>	Zip Code <b>33134</b>

**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)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>DPS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAMORA, BETSY</b>	1.2 NAME	<b>ZAMORA, BETSY</b>
STREET ADDRESS	<b>2150 SW 26TH ST. APT. 6</b>	1.3 STREET ADDRESS	<b>1313 PONCE DE LEON BLVD. SUITE # 300</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
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	<b>700002630807</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-09/02/98--01005--017</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***150.00</b>
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	

**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)

(2)

June 15, 1998.

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


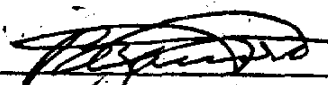
Gentlemen,

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 33133	03-1130/000	0117
Date <u>6-15-98</u>			
Pay to the order of <u>Florida Dpt of State</u>		\$ <u>150.00</u>	
<u>One hundred fifty</u>		<u>00</u> Dollars	
OCEAN BANK CORAL GABLES, FL 33134			
For <u>P 960 0082606</u>			
⑆066011392⑆ 0909005005⑆0504⑆7			