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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000086557 (1)

MENIER DIAGNOSTIC CENTER, INC.

Principal Place of Business Mailing Address 37 W 38 ST. HIALEAH FL 33012 37 W 38 ST. HIALEAH FL 33012

FILED Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

ĺ				10/21/1996		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0711254	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		3. Certificate of diatus desired	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu		
24	25	29	30		Yes ☐ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
BARRIOS, ERASMO 81 Name						
37 W 38 ST.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33012						
			83	-		
1			84 City		85 Zip Code	
			104 City	FL	_ 65 Zip Code	
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						
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12	
TITLE	D	DELETE	1,1 TITLE		☐ Change ☐ Addition	
NAME	BARRIOS, ERASMO		1,2 NAME			
STREET ADDRESS	37 W 38 ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP			
TITLE	PVST	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	BARRIOS, ERASMO		2,2 NAME			
STREET ADDRESS	37 W 38 ST.		2.3 STREET ADDRESS			
GITY-ST-ZIP	HIALEAH FL 33012		2. 4 CITY-ST-ZIP	•		
TITLE	113 122 11 12 000 12	DELETE	3.1 TITLE		Change Addition	
NAME		<u> </u>	3.2 NAME			
STREET ADORESS			3,3 STREET ADDRESS			
					ļ	
CITY-ST-ZIP TITLE		DELETE	3.4, CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME.			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		ļ	
1					ļ	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
		الملكان ال	I			
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Chappa	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		!	
CITY-SY-ZIP			6.4 CITY-ST-ZIP		<u> </u>	
14. I hereby c	ertity that the information supplied wi	in this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further ce	errify 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 it made under oath; that I am ar 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.