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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000096275 (8)**

1. Corporation Name

DIAGNOSTIC ASSOCIATES OF FLORIDA, INC.



Principal Place of Business

**1817 S. OCEAN DRIVE, #520
HALLANDALE FL 33009**

Mailing Address

**1817 S. OCEAN DRIVE, #520
HALLANDALE FL 33009-4942**

3. Date Incorporated or Qualified

12/01/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Address

21 W. Hallandale Bch. Blvd.

26 W. Hallandale Bch. Blvd. 65-0709843

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 202

27 202

City & State

City & State

23 Hallandale, FL

28 Hallandale, FL

Zip

Country

Zip

Country

24 33009

25 U.S.A.

29 33009

30 U.S.A.

9. Name and Address of Current Registered Agent

**BARBERENA, FERNANDO A
1817 S. OCEAN DRIVE, #520
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Fernando Barberena

(NOTE: Registered Agent signature required when reinstating)

02/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BARBERENA, FERNANDO A**
STREET ADDRESS **1817 S. OCEAN DRIVE, #520**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ DELETE

NAME **CORMAN, HARDMAN J**
STREET ADDRESS **1350 RIVER REACH DR., #303**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Fernando Barberena

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/S** ☒ Change ☐ Addition

1.2 NAME **BARBERENA, FERNANDO A.**
1.3 STREET ADDRESS **1817 S. OCEAN DR., # 520**
1.4 CITY-ST-ZIP **HALLANDALE, FL 33009**

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 do 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.

02/10/97

Date

(954) 458-6225

Daytime Phone # 6001367

CR2E034 (9/96)