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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098482

MIAMI REGIONAL DIAGNOSTICS, INC.

Principal Plac	ce of Business	Mailing /	Address				}	 	81981 1917F 181 1881
14756 SW 108	· · -		V 108 TERR		,	•			
MIAMI FL 33196 US US US						DO NOT WRITE IN THIS SPACE			
					3. Dat	3. Date Incorporated or Qualifed			
		•				12	/05/1996		
2. Principal F	Place of Business	2a. Maili	ng Address				Number		Applied For
21		26				65	<u>-0710176</u>		Not Applicable
Suite, Apt.	. #, etc.	— —	e, Apt. #, etc.			5. Cer	tifcate of Status Desired		75 Additional se Required
22 City & Sta	ute .	27 City	& State			e Flo	etica Compojan Financina		
23		28					ction Campaign Financing st Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip		Country	/		s corporation owes the cur	····	
24	25	29		30		Per	sonal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered	Agent		T		me and Address of New	Registered Agent	
ΠIΔ	Z, MARCOS A	,		81	Name				
146	29 SW 104 ST. #436	8) 19 50 n		82	Street .	Address (P.O. I	Box Number is Not Accept	able)	
MIA	MI FL 33186			83			TORREST SERVICE	WING I COM	5198; 1813 1181 148;
	•.	1		84	City				710 (Cana)
4 575 7 (2)					1 .			FL T	Zip Code
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	02 and 607 150	08, Florida Statute	es, the above	e-named	corporation sub	omits this statement for the	purpose of changir	ng its registered
Office Of I	om fomilier with and accept the obliga	Sur I I I I I I I I I I I I I I I I I I I	un unange was au	Julionized by	THE COIP	Claboli S boald	of directors. Thereby acce	bruse appointment	as registered
ा agent. I a	ani fariniar with, and accept the obliga	INOTES OF SECTION	on 607.0505, Flor	ida Statutes	i. '			1 /	
SIGNATURE	Man (M	11/1		•				111/49	
SIGNATURE	Signature, typed of thinted name of registered ago	hit and tille it applica	ble. (NOTE:	Registered Ager		required when reinstat	ing) 112 Nation 3	11144 DATE	
	Man (M	hit and tille it applica	ble. (NOTE:	•		required when reinstate	ing) 12 NO.3 ITIONS/CHANGES TO OF	11144 DATE	CTORS IN 12
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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 suppliemental 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, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90035 021 ***150.00