

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

FILED  
Apr 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000018056 (6)

1. Corporation Name

DIAGNOSTIC MEDICAL LABORATORIES, INC.

Principal Place of Business

6450 COLLINS AVE. PH#2  
MIAMI FL 33141

Mailing Address

6450 COLLINS AVE. PH#2  
MIAMI FL 33141



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

65-0731076

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 7951 SW 40th Street

2a. Mailing Address

26 7951 SW 40th Street

Suite, Apt. #, etc.

22 217

Suite, Apt. #, etc.

27 217

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33155

Country

Zip

29 33155

Country

30

9. Name and Address of Current Registered Agent

VIGIL-FARINAS, ELENA  
2900 MIDDLE ST. 7TH FL.  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

MIRTA ALVAREZ

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

6450 Collins Ave. #PH2

83

84 City

Miami Beach

FL

85 Zip Code

33141

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

Marta Alvarez

Marta Alvarez - President

DATE

4/3/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
ALVAREZ, MIRTA  
STREET ADDRESS 6450 COLLINS AVE. PH#2  
CITY-ST-ZIP MIAMI FL 33141

TITLE ☐ DELETE

NAME DV  
LLAMO, JULIO  
STREET ADDRESS 7185 W. 10TH CT.  
CITY-ST-ZIP HIALEAH FL 33014

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

Marta Alvarez

4/3/98

3051267-1004

CR2E034 (10/97)