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

**PROFIT** CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.

City & State

22

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Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000022857 (1)

EAST COLONIAL DIAGNOSTIC CENTER, INC.

Country

9. Name and Address of Current Registered Agent

25

ACOSTA, SERVANDO 11837 SW 38 TERR.

**MIAMI FL 33175** 

Block 12 or Block 13 if ch

27

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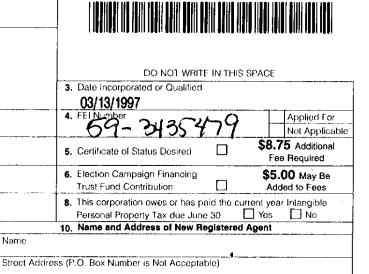
ged, or on an attachment with an address.

Suite, Apt. #, etc.

City & State

 $Z_{\rm ID}$ 

## **FILED** Feb 05 1998 8:00am Secretary of State



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, to the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typod or printed name of registered argent and title if applicable (NOTE: Bogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **DPST** OFLETE Спалде Addition TITLE 1.1 TITLE NAME ACOSTA, SERVANDO 1.2 NAME 11837 SW 38 TERR. STREET ADDRESS 13 STREET ADDRESS MIAM! FL 33175 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-SI-ZIP DELETE 3.1 TILLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP OFLETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - S1 - 7(\*) DELETE TIFLE Change Addition 5.1 DITE **800002423008** -02/06/98--01002--035 NAME 5.2 NAME STREET ADDRESS 5.3 STREET, ADDRESS \*\*\*150.00 CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE TITLE 6.1 THILF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-\$1-ZIP

14. Thereby certify that the information supplied with this filting 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

Country

81 Name

62

83 84 City

30