

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025556

1. Corporation Name

COMPREHENSIVE DIAGNOSTIC IMAGING, INC.

Principal Place of Business
7951 SW 40TH ST., STE. 206
MIAMI FL 33155

Mailing Address
7951 SW 40TH ST., STE. 206
MIAMI FL 33155

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

28

23 Zip

29 Zip

24 Country

30 Country

9. Name and Address of Current Registered Agent

DIAZ, MARCOS A
7951 SW 40TH ST., STE. 206
MIAMI FL 33155

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST
NAME DIAZ, OSVALDO J
STREET ADDRESS 7951 SW 40TH ST., STE. 206
CITY-ST-ZIP MIAMI FL 33155

DELETE

1.1 TITLE

Change

Addition

TITLE D
NAME DIAZ, OSVALDO J
STREET ADDRESS 7951 SW 40TH ST., STE. 206
CITY-ST-ZIP MIAMI FL 33155

DELETE

2.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

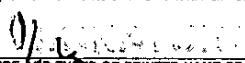
6.1 TITLE

Change

Addition

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, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90005 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1997	
4. FEI Number 65-0741580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

525810

CR2E034 (11/98)

1/12/99

Daytime Phone #