

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

FILED
Mar 10 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000066655 (6)

1. Corporation Name

MEDICO-DIAGNOSTIC SERVICES, INC.

Principal Place of Business

7280 W MCNAB RD. SUITE 116
N LAUDERDALE FL 33068

Mailing Address

7280 W MCNAB RD. SUITE 116
N LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

65-0772157

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 7707 N. University Dr.

Suite, Apt. #, etc.

22 Suite 207

City & State

23 Tamarac, FL

Zip

24 33321

Country

25 Broward

2a. Mailing Address

26 7707 N. University Dr.

Suite, Apt. #, etc.

27 Suite 207

City & State

28 Tamarac, FL

Zip

29 33321

Country

30 Broward

9. Name and Address of Current Registered Agent

SANSIL, YASSER
6906 FOREST HILLS BLVD
CORAL SPRINGS FL 33065

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
STREET ADDRESS ALKHAIR, TAIF
CITY-ST-ZIP 7280 W. MCNAB ROAD, SUITE 116
N. LAUDERDALE FL 33068

TITLE ☐ DELETE

NAME VP
STREET ADDRESS ALKHAIR, TAIF
CITY-ST-ZIP 7280 W. MCNAB ROAD, SUITE 116
N. LAUDERDALE FL 33068

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 PSTD
1.3 STREET ADDRESS Alkhaier, Taif
1.4 CITY-ST-ZIP 11597 NW 3rd Place
Coral Springs, FL 33071

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PSTD
2.3 STREET ADDRESS Alkhaier, Taif
2.4 CITY-ST-ZIP 11597 NW 3rd Place
Coral Springs, FL 33071

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:

Taif Alkhaier

2-28-98 (954) 720-0609

CR2E034 (10/97)