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FILED

Feb 18 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 # P97000099895 (9)

1. Corporation Name
PROFESSIONAL DIAGNOSTIC GROUP, INC.



Principal Place of Business

Mailing Address

8000 SW 18 TERR
MIAMI FL 33155

8000 SW 18 TERR
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

2. Principal Place of Business

21 215 SW 17 AVE

Suite, Apt. #, etc.

22 310

City & State

23 Miami, FL

Zip

24 33135

Country

25 USA

2a. Mailing Address

26 215 SW 17 AVE

Suite, Apt. #, etc.

27 310

City & State

28 Miami, FL

Zip

29 33135

Country

30 USA

4. FEI Number

68-0795650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

PINA, JUAN C
8000 SW 18 TERR
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

PINA, JUAN C.

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

215 SW 17 AVE

83

SUITE 310

84 City

Miami

FL

85 Zip Code

33135

11. Pursuant to the provisions of Sections 607.0102 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.

JUAN C. PINA - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

2/13/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PINA, JUAN C
STREET ADDRESS 8000 SW 18 TERR
CITY-ST-ZIP MIAMI FL 33155

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

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 P/D ☒ Change ☐ Addition

1.2 NAME PINA, JUAN C.
1.3 STREET ADDRESS 215 SW 17 AVE. # 310
1.4 CITY-ST-ZIP MIAMI FL 33135

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:

JUAN C PINA

2/13/98 (305) 265-7319

CR2E034 (10/97)