## 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 # P97000105566

MEDICAL DIAGNOSTIC CENTERS OF AMERICA, INC.

Fillicipal Flace of Dusiness
1903 SOUTH CONGRESS AVENUE #400
BOYNTON BEACH FL 33426

Mailing Address

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90089 032 \*\*\*150.00



1903 SOUTH CONGRESS AVENUE #400 BOYNTON BEACH FL 33426		1903 SOUTH CONGRESS AVENUE #400 BOYNTON BEACH FL 33426				DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporate 12/16/1997	d or Qualifed		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			65-0801872		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		*		tus Desired	\$8.75	Additional
22		27			5, Certifcate of State	tus Desired	Fee Re	equired
City & Stat	е .	City & State			6. Election Campai	gn Financing	\$5.00	May Be
23		28			Trust Fund Cont	ribution	Added	to Fees
Zip	Country	Zip	Count	у	8. This corporation	owes the current year inta	angible	
24	25	29	30		Personal Proper		Yes	□No
•	9. Name and Address of Curren	it Registered Agent			10. Name and Add	ress of New Registered	Agent	
005		`. ,	8	1 Name	E. NICHOLAS	DAVIS III	, <del>-</del>	
	PORATION SERVICE COMPANY		8	2 Street Ade	dress (P.O. Box Number	is high Acceptable)	4//2	
	HAYS STREET		1	190	03 S. CONG	KESS THE 4	400	
IALI	AHASSEE FL 32301-2525		8	3				
			8	4 City Boy	WITH BEAT	# FL	85 Z	59°26
dd Durauant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	e the aho	ve-named cor	moration submits this stat	tement for the purpose of	changing its	registered
11. Pursuant office or r	to the provisions of Sections 507.050 egistered attempt or both, by the State m familiar with end accept the oblina	of Florida. Such change was au	thorized b	y the corporat	tion's board of directors.	hereby accept the appoin	tment as re	gistered
agent. I a	m familiar will end a copt the oblina				AVIS TIL	4/201	199	
SIGNATURE	Signatury type or printed feme of registered ager		NICH Registered Ad		red when reinstating)	DATE		
12.	7.7.7.7	ID DIRECTORS	13.			NGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	<del>-0-</del>	☐ DELETE	1.1 TITLE	5	Str		Denange	☐ Addition
NAME	KOBRIN, ARTHUR		1.2 NAME		<i>(</i> '			
STREET ADDRESS	1903 SOUTH CONGRESS AVE	NUE #400	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>		1.4.CITY					
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NAME		☐ DELETE	2.1 TITLE	ST-ZIP	10005		Change	Addition
		☐ DELETE			PRES, PAUL	- C #4.11	Change	Addition
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6.4 CITY+ST+ZIF 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 chapter 4 or any attachment with an address, with all other like empowered.

SIGNATURE: