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

`\*<del>P</del>ROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90012 002 \*\*\*150.00

1. Corporatio	MENI # P98000	046720					
	IAGNOSTIC CENTER, INC.				ļ		
Principal Plac	e of Business	Mailing Address			1 140011001 (10 1810) (0(10 0K))) 0B))) 40	IUS <b>Birsh b</b> usu srava	AND NOW HORE
440 WEST 65TH STREET 440 WEST 65TH STREET							
SUITE A SUITE A							
HIALEAH FL 33	3012	HIALEAH FL 33012			DO NOT WRITE IN TH	IS SPACE	
	·				3. Date Incorporated or Qualifed 05/22/1998		
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21	***	26			65-0841909		t Applicable
Suite, Apt.	#, &tC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & Stat	re .	City & State	<del></del>			<del></del>	<del>`</del>
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year		0.662
24	25	<del></del>	30		Personal Property Tax.		□No
	9. Name and Address of Current		<del></del>		10. Name and Address of New Registere	<del></del>	
	20.0		81	Name			
DE SOLO, YUDITH			82	01	(D.O. D. N. J. L. S. N. J. L. S.		
440 WEST 65TH STREET			02	Street Add	ress (P.O. Box Number is Not Acceptable)		ł
SUITE A			83				
HIAL	EAH FL 33012		ا ا				<u></u>
			84	City	F	85 Zip C	;ode
office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State or familiar with, and accept the obligation	f Florida. Such change was au	thorized by	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as rec	registered gistered
SIGNATURE	, zavisti i i i i i i i i i i i i i i i i i i	one or, addition of 10000, 1101		•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agen	t signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	PVST	☐ DELETE	1.1 TITLE			Change	Addition
NAME	DE SOLO, YUDITH		1.2 NAME	}			
STREET ADDRESS	440 WEST 65TH STREET		1,3 STREET	ADDRESS			l
CITY-ST-ZIP			1.4 CITY-ST	-ZIP	<del></del>		
TITLE !		☐ DELETE : 2.1 T		- 1		Change	☐ Addition \
NAME			2.2 NAME				j
STREET ADDRESS			2.3 STREET	ADDRESS	t.		}
CITY-ST-ZIP	<del></del>		2. 4 CITY-ST-ZIP		<u> </u>		
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NAME			3.2 NAME	Ì			Ì
STREET ADDRESS			3.3 STREET	- }			
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NAME			4. 2 NAME	+000545			ĺ
STREET ADDRESS			4.3 STREET				Ì
TITLE		☐ DELETE	4.4 CITY-ST 5.1 TITLE	- Z(P		☐ Change	Addition
NAME		7 0000	5.2 NAME	(			
STREET ADDRESS			5.3 STREET	ADDRESS		•	
CITY-ST-ZIP			5.4 C/TY+ST	- 1			}
TITLE		☐ DELETE	6.1 TITLE	<del></del> +		Change	☐ Addition
NAME			6.2 NAME			□ audu8a	
STREET ADDRESS			6.3 STREET	ADDRESS			_
CITY ST. 7ID			64 CITY-ST	I			. (

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: