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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90079 031 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT #98000055183

1. Corporation Name
WITH FLORIDA DIAGNOSTIC SERVICES INC.



Principal Place of Business Mailing Address
 ... BLVD. 9191 FOUNTAINBLEAU BLVD.
 UNIT 11
 FL 33172 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 4355 W. 16 Ave. 26 4355 W. 16 Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 204-A 27 204-A
 City & State City & State
 23 Hialeah 28 Hialeah
 Zip Country Zip Country
 24 FL 33012 25 USA 29 FL 33012 30 USA

3. Date Incorporated or Qualified
 06/19/1998
 4. FEI Number Applied For
 65-0842877 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 RODRIGUEZ, NANCY
 9191 FOUNTAINBLEAU BLVD.
 UNIT 11
 MIAMI FL 33172

10. Name and Address of New Registered Agent
 81 Name Rodriguez, Nancy
 82 Street Address (P.O. Box Number is Not Acceptable) 4355 W. 16 Ave.
 83 Suite 204-A
 84 City Hialeah FL 85 Zip Code 33012

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> DELETE
NAME	RODRIGUEZ, NANCY
STREET ADDRESS	9191 FOUNTAINBLEAU BLVD.
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 01/25/99 (305) 825-8185
 Date Daytime Phone #

CR2E034 (11/98)