

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Pg. 1 of 2  
 Attachment  
 FILED

0030182

PROFIT CORPORATION ANNUAL REPORT  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

99-00AB

00 MAR 24 AM 9:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000000074  
 1. Corporation Name

J. L. DIAGNOSTIC CENTER CORP.



Principal Place of Business Mailing Address  
 7511 NW 73 ST #103  
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
 07-09-1998

4. FEI Number  
 65-0850459

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.  Yes  No

Principal Place of Business 2a. Mailing Address  
 7511 NW 73 ST 26 7511 NW 73 ST

Suite, Apt. #, etc. 27  
 #103 #103

City & State 28  
 MIAMI FL 33166 MIAMI FL

Zip 25 Country 29 Zip 30 Country  
 33166 MIAMI DADE 33166 MIAMI DADE

9. Name and Address of Current Registered Agent  
 JOSE F. RUBIO  
 7511 NW 73 ST #103  
 MIAMI FL 33166

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must submit request when resigning)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		2. STREET ADDRESS	200003196022--0
3. CITY-STATE-ZIP		3. CITY-STATE-ZIP	-04/04/00-01102-005
4. TITLE	<input type="checkbox"/> DELETE	4. TITLE	***150.00 <input type="checkbox"/> <del>***150.00</del>
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	200003196022--0
7. CITY-STATE-ZIP		7. CITY-STATE-ZIP	-04/04/00-01102-006
8. TITLE	<input type="checkbox"/> DELETE	8. TITLE	***150.00 <input type="checkbox"/> <del>***150.00</del>
9. NAME		9. NAME	
10. STREET ADDRESS		10. STREET ADDRESS	
11. CITY-STATE-ZIP		11. CITY-STATE-ZIP	
12. TITLE	<input type="checkbox"/> DELETE	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY-STATE-ZIP		15. CITY-STATE-ZIP	
16. TITLE	<input type="checkbox"/> DELETE	16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		17. NAME	
18. STREET ADDRESS		18. STREET ADDRESS	
19. CITY-STATE-ZIP		19. CITY-STATE-ZIP	
20. TITLE	<input type="checkbox"/> DELETE	20. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME		21. NAME	
22. STREET ADDRESS		22. STREET ADDRESS	
23. CITY-STATE-ZIP		23. CITY-STATE-ZIP	
24. TITLE	<input type="checkbox"/> DELETE	24. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME		25. NAME	
26. STREET ADDRESS		26. STREET ADDRESS	
27. CITY-STATE-ZIP		27. CITY-STATE-ZIP	
28. TITLE	<input type="checkbox"/> DELETE	28. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. NAME		29. NAME	
30. STREET ADDRESS		30. STREET ADDRESS	
31. CITY-STATE-ZIP		31. CITY-STATE-ZIP	
32. TITLE	<input type="checkbox"/> DELETE	32. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. NAME		33. NAME	
34. STREET ADDRESS		34. STREET ADDRESS	
35. CITY-STATE-ZIP		35. CITY-STATE-ZIP	
36. TITLE	<input type="checkbox"/> DELETE	36. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37. NAME		37. NAME	
38. STREET ADDRESS		38. STREET ADDRESS	
39. CITY-STATE-ZIP		39. CITY-STATE-ZIP	
40. TITLE	<input type="checkbox"/> DELETE	40. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. NAME		41. NAME	
42. STREET ADDRESS		42. STREET ADDRESS	
43. CITY-STATE-ZIP		43. CITY-STATE-ZIP	
44. TITLE	<input type="checkbox"/> DELETE	44. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
45. NAME		45. NAME	
46. STREET ADDRESS		46. STREET ADDRESS	
47. CITY-STATE-ZIP		47. CITY-STATE-ZIP	
48. TITLE	<input type="checkbox"/> DELETE	48. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
49. NAME		49. NAME	
50. STREET ADDRESS		50. STREET ADDRESS	
51. CITY-STATE-ZIP		51. CITY-STATE-ZIP	
52. TITLE	<input type="checkbox"/> DELETE	52. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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54. STREET ADDRESS		54. STREET ADDRESS	
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56. TITLE	<input type="checkbox"/> DELETE	56. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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62. STREET ADDRESS		62. STREET ADDRESS	
63. CITY-STATE-ZIP		63. CITY-STATE-ZIP	
64. TITLE	<input type="checkbox"/> DELETE	64. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
65. NAME		65. NAME	
66. STREET ADDRESS		66. STREET ADDRESS	
67. CITY-STATE-ZIP		67. CITY-STATE-ZIP	
68. TITLE	<input type="checkbox"/> DELETE	68. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
69. NAME		69. NAME	
70. STREET ADDRESS		70. STREET ADDRESS	
71. CITY-STATE-ZIP		71. CITY-STATE-ZIP	
72. TITLE	<input type="checkbox"/> DELETE	72. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
73. NAME		73. NAME	
74. STREET ADDRESS		74. STREET ADDRESS	
75. CITY-STATE-ZIP		75. CITY-STATE-ZIP	
76. TITLE	<input type="checkbox"/> DELETE	76. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
77. NAME		77. NAME	
78. STREET ADDRESS		78. STREET ADDRESS	
79. CITY-STATE-ZIP		79. CITY-STATE-ZIP	
80. TITLE	<input type="checkbox"/> DELETE	80. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
81. NAME		81. NAME	
82. STREET ADDRESS		82. STREET ADDRESS	
83. CITY-STATE-ZIP		83. CITY-STATE-ZIP	
84. TITLE	<input type="checkbox"/> DELETE	84. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
85. NAME		85. NAME	
86. STREET ADDRESS		86. STREET ADDRESS	
87. CITY-STATE-ZIP		87. CITY-STATE-ZIP	
88. TITLE	<input type="checkbox"/> DELETE	88. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
89. NAME		89. NAME	
90. STREET ADDRESS		90. STREET ADDRESS	
91. CITY-STATE-ZIP		91. CITY-STATE-ZIP	
92. TITLE	<input type="checkbox"/> DELETE	92. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
93. NAME		93. NAME	
94. STREET ADDRESS		94. STREET ADDRESS	
95. CITY-STATE-ZIP		95. CITY-STATE-ZIP	
96. TITLE	<input type="checkbox"/> DELETE	96. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
97. NAME		97. NAME	
98. STREET ADDRESS		98. STREET ADDRESS	
99. CITY-STATE-ZIP		99. CITY-STATE-ZIP	
100. TITLE	<input type="checkbox"/> DELETE	100. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jose Fco. Rubio

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CR2E034 (5/99)

Pg. 2 of 2  
Attachment

J & L Diagnostic Center Corp.  
7511 NW 73 St. # 103  
Miami Fl 33166

March 18, 2000

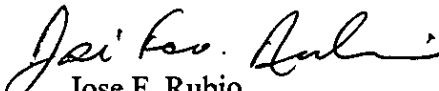
Annual Report Filings  
Division of Corporations  
P.O.Box 6327  
Tallahassee Fl 32314

Dear Officer:

Pursuant to our telephone conversation of last week, I am enclosing an annual report for our corporation for the years 1999 and 2000 and a payment of \$150.00 for each of these years.

I respectfully request you accept the late 1999 filing, as we moved since being established in late 1998 and we were not aware of the Department filing procedures.

Yours Truly

  
Jose F. Rubio  
President