

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90157 009 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION<br/>ANNUAL REPORT<br/>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Katherine Harris<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|--|---|---|

DOCUMENT # P98000061162

1. Corporation Name  
**AMERICAN DIAGNOSTIC INSTITUTE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>5440 N STATE RD 7, SUITE 220<br>FT LAUDERDALE FL 33319 | Mailing Address<br>5440 N STATE RD 7, SUITE 220<br>FT LAUDERDALE FL 33319 |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |    |                             |  |   |  |
|--------------------------------|----|-----------------------------|--|---|--|
| 2. Principal Place of Business |    | 2a. Mailing Address         |  | 3. Date Incorporated or Qualified<br>07/09/1998   |  |
| 21                             | 28 | 4. FEI Number<br>65-0850488 |  | Applied For<br>Not Applicable   |  |
| 22. Suite, Apt. #, etc.        |    | 27. Suite, Apt. #, etc.     |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23. City & State               |    | 28. City & State            |  | 6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                   |  |
| 24. Zip                        |    | 29. Zip                     |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Country                        |    | Country                     |  |   |  |
| 25                             | 30 |                             |  |   |  |

|  |  |   |  |       |          |
|--|--|---|--|-------|----------|
| 9. Name and Address of Current Registered Agent<br><b>OLIVEIRA, AMILCAR LUIS<br/>5440 N STATE RD 7, SUITE 220<br/>FT LAUDERDALE FL 33319</b> |  | 10. Name and Address of New Registered Agent          |  |       |          |
|  |  | 81 Name   |  |       |          |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |       |          |
|  |  | 83  |  |       |          |
|  |  | 84 City   |  | 85 FL | 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 signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>OLIVEIRA, AMILCAR LUIS</b>                        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>5440 N STATE RD 7, SUITE 220</b>                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL 33319</b>                        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HERNANDEZ, SANDRA</b>                             | 2.2 NAME  |   |
| STREET ADDRESS             | <b>5440 N STATE RD 7, SUITE 220</b>                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL 33319</b>                        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>PRESIDENT</b> <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HUMBERTO BOGANI</b>                               | 3.2 NAME  |   |
| STREET ADDRESS             | <b>9361 SW 163 PLACE</b>                             | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIRAMONTE FL 33196</b>                            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VICEPRESIDENT</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WINSTON HERNANDEZ</b>                             | 4.2 NAME  |   |
| STREET ADDRESS             | <b>2143 NW 57 ST</b>                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CORAL SPRING, FL 33076</b>                        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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: Humberto Bogani Date: 4/13/99 Daytime Phone #: (954) 733-3289

CR2E034 (1/98)