

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90089 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000088216

1. Corporation Name

WORLDWIDE MEDICAL IMAGING, INC.



Principal Place of Business

2050 NE 163RD ST.
 2ND FLOOR
 N MIAMI BEACH FL 33162

Mailing Address

2050 NE 163RD ST.
 2ND FLOOR
 N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **906 NE 3 ST.**

Suite, Apt. #, etc.

22

23 **HALLANDALE FL**

24 **33009** 25 **USA**

2a. Mailing Address

26 **906 NE 3 ST**

Suite, Apt. #, etc.

27

28 **HALLANDALE FL**

29 **33009** 30 **USA**

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

☒ Applied For
☐ No: 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

FRIEDBERG, MICHAEL
 2050 NE 163RD ST.
 2ND FLOOR
 N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name **CARMEN PEREZ**
 82 Street Address (P.O. Box Number is Not Acceptable) **906 NE 3 ST.**
 83
 84 City **HALLANDALE** FL 85 Zip Code **33009**

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 **Carmen Perez** **CARMEN PEREZ** **4/26/99**
Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDBERG, MICHAEL	
STREET ADDRESS	3766 NE 166TH ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PEREZ CARMEN	
1.3 STREET ADDRESS	906 NE 3 ST.	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carmen Perez** **CARMEN PEREZ, PRESIDENT** **4/26/99** **305-541-2871**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0235211