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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name

DOCUMENT # P98000095468

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90263 016 ***150.00

CARDIO\	VASCULAR IMAGING SERV	ICES, INC. Mailing Address								
4337 NW 4TH S	ST.	4337 NW 4TH ST.								
MIAMI FL 33126 MIAMI FL 33126						DO NOT V	VRITE IN THIS	S SPACE		
						3. Date Incorporated or Quality		0017104		}
						11/12/1998				
Principal Place of Business 2a. March 1988 2a. March 1988		2a. Mailing Address	Mailing Address			4. FEI Number		A	pplied For	
21		26				65-0880	2671		ot Applicable	ļ
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired	.		Additional equired		
City & State		City & State				6. Election Campaign Financi			May Be	1
23		28				Trust Fund Contribution	''y 🗆		to Fees	-
Zip	Country	Zip	Cou	ntry		8. This corporation owes the	current year fr		<u> </u>	[
24	25	29	30			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of Ne	w Registered	l Agent		1
	LINGA ALEDEDO ID			81	Name					
	unga, alfredo Jr. 7 nw 4th st.			82	Street Addre	ess (P.O. Box Number is Not Acc	eptable)			١.
	MI FL 33126			83						-
, , , ,				03						ļ
				84	City		FI	85 Zip	Code	Ì
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was a	uthorized	bove-	named corporatio	oration submits this statement for n's board of directors. I hereby ac	the purpose occept the appo	of changing its	s registered egistered	}
SIGNATURE	· -	ations of, Section 607.0505, Flo	rida Statu	utes.						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	rida Statu Registered	utes.		d when reinstating)	DATE	No pipeore		9
SIGNATURE	Signature, typed or photed name of registered age	nt and title if applicable. (NOTE	Registered	Agent :		when reinstating) ADDITIONS/CHANGES TO				14 (00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE	Registered 13.	Agent :				ND DIRECTO	ORS IN 12	4 (44 /00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND COLUNGA, ALFREDO JR.	nt and title if applicable. (NOTE	Registered 13. 11 TIT	Agent :	signature required					(44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND COLUNGA, ALFREDO JR. 4337 NW 4TH ST.	nt and title if applicable. (NOTE	Registered 13. 11 TIT 1.2 NA 1.3 ST	Agent: TLE AME	signature required					(44,00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND COLUNGA, ALFREDO JR.	nt and title if applicable. (NOTE	Registered 13. 11 TIT 1.2 NA 1.3 ST	Agent : TLE AME TREET A	signature required					CDOC004 (44/00)
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D COLUNGA, ALFREDO JR. 4337 NW 4TH ST. MIAMI FL 33126 PTVS	nt and title if applicable. (NOTE ND DIRECTORS	Registered 13. 11 TIT 1.2 NA 1.3 ST	Agent: TLE AME TREET A TY-ST-	signature required			Change	Addition	000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN D COLUNGA, ALFREDO JR. 4337 NW 4TH ST. MIAMI FL 33126 PTVS COLUNGA, ALFREDO JR.	nt and title if applicable. (NOTE ND DIRECTORS	Registered 13. 11 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA	Agent: TLE AME TY-ST- TLE	signature required			Change	Addition	0000004 (44,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D COLUNGA, ALFREDO JR. 4337 NW 4TH ST. MIAMI FL 33126 PTVS COLUNGA, ALFREDO JR.	nt and title if applicable. (NOTE ND DIRECTORS	Registered 13. 11 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST	Agent: TLE AME TY-ST- TLE	ADDRESS ADDRESS			Change	Addition	ODOE034 (44/00)
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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 feport 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 trastee emplowered 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 attack pent with an address, with all other like empowered.

SIGNATURE:

JU QUIRED

01-22-99

(305) 580-7731