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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000098445

1. Corporation Name

MILLENNIUM DIAGNOSTIC IMAGING CENTER, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90179 011 \*\*\*150.00

| Principal Place of Business Mailing Address   |  |                                      |                                       |                   | 1 10011001                 | . 110 10101 10111 00111 01 | Dist BRITT NATION I | Biåt i filt aratt a | HINNY WITH 1881 |
|---|--|--------------------------------------|---------------------------------------|-------------------|----------------------------|----------------------------|---------------------|---------------------|-----------------|
| 1985 NW 88TH COURT. STE. 101 1985 NW 88TH COURT. STE. 101   |  |                                      | 101                                   |                   |                            |                            |                     |                     |                 |
| MIAMI FL 33172 MIAMI FL 33172   |  |                                      |                                       |                   | DO NOT WRITE IN THIS SPACE |                            |                     |                     |                 |
| }   |  |                                      |                                       | 3.                | Date Incorpo               | orated or Qualifed         | <u> </u>            |                     |                 |
|   |  |                                      |                                       |                   | 11/23/199                  | 98                         |                     |                     |                 |
| 2. Principal Pl   | ace of Business                                  | 2a. Mailing Address                  | )                                     | 4.                | FEI Number                 | _                          |                     | X Apr               | plied For       |
| 21 7 14   | 9 S.W. 149 AV                                    | 26 3749 S-U<br>Suite, Apt. #, etc.   | J. 149 A                              | VE I              | 03-09                      | 05210                      |                     |                     | t Applicable    |
| Suite, Apt.   |  | 5.                                   | Certifcate of                         | Status Desired    |                            | \$8.75 A                   |                     |                     |                 |
| City & State  |  | City & State                         |                                       |                   | Election Con               | npaign Financing           |                     | \$5.00              | <del></del>     |
| 23 MIDA   | mt FL  | 28 MIAMT                             | FL                                    | .                 | Trust Fund (               |                            | <u> </u>            | Added to            | •               |
| Zip   | Country  | Zip                                  | Country                               | 8.                | This corpora               | tion owes the cur          | rent year Int       |                     | -4              |
| 24 3310   | 25 V J J   | 29 33 3                              | 0 U.S.M.                              |                   | Personal Pro               |                            |                     |                     | No              |
|   | 9. Name and Address of Current                   | Registered Agent                     |                                       | 10.               | Name and I                 | Address of New             | Registered .        | Agent               |                 |
| 050   | 7 1110 6   |                                      | 81 Name                               | 2A&0              | ) A.                       | TAAM                       | TUE 7               | •                   |                 |
| PEREZ, LUIS F 82 Street Address   |  |                                      |                                       |                   | O. Box Nun                 | ber is Not Accept          | able)               | <del></del>         |                 |
| 1985 NW 88TH COURT, STE. 101  MIAMI FL 33172  83  |  |                                      |                                       |                   | J.W.                       | <u> 149 A</u>              | VI.                 |                     |                 |
| MIAN  | 83   |                                      |                                       |                   |                            |                            | 1                   |                     |                 |
|   |  |                                      | 84 City                               | 12AM              | ·                          |                            | FL                  | 85 Zip C            | ode             |
|   | to the annual land of Continue 607 DEG           | 2 and 607 1609. Elarida Statutas     |                                       |                   |                            | statement for the          |                     | changing its        | registered      |
| 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 corporations of, Section 607.0505, Florida Statutes. |  |                                      |                                       |                   |                            |                            |                     |                     |                 |
| agent. I a  | m familiar with, and accept the obligat          | ions of, Section 607.0505, Florid    | a Statutes.                           |                   |                            | 3/10                       | . / .               | 0                   |                 |
| SIGNATURE   | Signature, typed wrinted name of seathered agent | t and title if applicable. (NOTE: Ro | egisterød Agent signature n           | required when rei | instating)                 | UNI                        | DATE                | <b>Z</b>            |                 |
| 12.   | OFFICERS AN                                      |                                      | 13.                                   | <u> </u>          |                            | CHANGES TO OF              | FFICERS AN          | ID DIRECTO          | R\$ IN 12       |
| TITLE   | PD   | <b>X</b> DELETE                      | 1.1 TITLE                             | P                 | _                          |                            |                     | Change              | Addition        |
| NAME  | PEREZ: LUIS F                                    | C                                    | 1.2 NAME                              | LAZA              | lo A.                      | MARTIN                     | /EZ                 |                     | ·               |
| STREET ADDRESS  | 1985 NW 88TH COURT, STE. 1                       | 01~                                  | 1.3 STREET ADDRESS                    | 3749              | S. W.                      | 149 AV                     | <b>E</b>            |                     |                 |
| CITY-ST-ZIP   | MIAMI FL 33172                                   |                                      | 1.4 CiTY-ST-ZIP                       | AIM A             | MI /                       | FL 331                     | <u> </u>            |                     |                 |
| TITLE   | <b>∀6D</b>                                       | DELETE                               | 2.1 TITLE                             | V.P.              | S .                        |                            |                     | Change              | Addition        |
| NAME  | MICHAEL FRIEDEBERG , AARO                        | N                                    | 2.2 NAME                              | JOSE              | A. 04                      | ARCHA _                    | L.21                |                     | ,               |
| STREET ADDRESS  | 1985 NW 88TH COURT, STE. 1                       | 91                                   | 2.3 STREET ADDRESS                    | 10397             | 1 S-W                      | · 88.51.                   | #47                 |                     | }               |
| CITY-ST-ZIP   | MIAMI-FL-33172                                   |                                      | 2.4 CITY-ST-ZIP                       | MIA               | MT /                       | L 3317                     | 76                  |                     |                 |
| TITLE   |  | ☐ DELETE                             | 3.1 TITLE                             | \                 | /                          |                            | •                   | ☐ Change            | ☐ Addition      |
| NAME  |  |                                      | 3.2 NAME                              |                   |                            |                            |                     |                     | ł               |
| STREET ADDRESS  | •  |                                      | 3.3 STREET ADDRESS                    |                   |                            |                            |                     |                     |                 |
| CITY-ST-ZIP   |  |                                      | 3.4. CITY-ST-ZIP                      |                   |                            |                            |                     |                     |                 |
| TITLE   |  | ☐ DELETE                             | 4.1 TITLE                             |                   |                            |                            |                     | ☐ Change            | ☐ Addition      |
| NAME  |  |                                      | 4. 2 NAME                             |                   |                            |                            |                     |                     | 1               |
| STREET ADDRESS  |  |                                      | 4.3 STREET ADDRESS                    |                   |                            |                            |                     |                     |                 |
| CITY-ST-ZIP   |  |                                      | 4.4 CITY-ST-ZIP                       | <b></b>           |                            |                            |                     | Change              | Addition        |
| TITLE   |  | ☐ DELETE                             | 5.1 TITLE                             |                   |                            |                            |                     |                     | □ vaganou       |
| NAME [  |  |                                      | 5.2 NAME                              |                   |                            | .•                         |                     |                     |                 |
| STREET ADDRESS  |  |                                      | 5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | 1                 |                            | ·                          |                     |                     |                 |
| CITY-ST-ZIP   |  | ☐ DELETE                             | 5.4 CHY-SI-ZIP<br>6.1 TITLE           |                   |                            |                            |                     | ☐ Change            | Addition        |
| TITLE   |  | □ DELETE                             | 6.2 NAME                              | 1                 |                            |                            |                     |                     |                 |
| NAME  |  |                                      | 6.3 STREET ADDRESS                    | 1                 |                            |                            |                     |                     |                 |
| STREET ADDRESS  | 3 ;  |                                      |                                       | i                 |                            |                            |                     |                     |                 |
| CITY-ST-ZIP*  |  |                                      | 6.4 CITY+ST-ZIP                       | 1                 |                            |                            |                     |                     | 1               |

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 a statement with an address, with all other like empowered.

SIGNATURE: