

PROFIT
CORPORATION
ANNUAL REPORT
2 0 0 0



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90194 027 ***150.00

DOCUMENT # P99000019874

Corporation Name

MEYER DIAGNOSTIC CENTER CORP.

Principal Place of Business

10550 NW 77 CT #309
Hialeah GARDENS FL 33018

Mailing Address

10550 NW 77 CT #309
HIALEAH GARDENS, FL 33108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/3/1999

21. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0902640

Applied For

Not Applicable

22. Suite, Apt. # etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SERGIO GARCIA
10550 NW 77 CT
HIALEH GARDENS, FL 33018

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DELETE	1. TITLE	Change Addition
SERGIO GARCIA	<input type="checkbox"/>	1.1 TITLE	
10550 NW 77 CT #309		1.2 NAME	
HIALEAH GARDENS, FL 33018		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
	<input type="checkbox"/>	2.1 TITLE	Change Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
	<input type="checkbox"/>	3.1 TITLE	Change Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/>	4.1 TITLE	Change Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/>	5.1 TITLE	Change Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/>	6.1 TITLE	Change Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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:

President

SERGIO GARCIA

4/27/00 (305)824-0881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printing