

**DOCUMENT # P99000104921**

1. Entity Name

**FIRST DIAGNOSTIC CENTER INC.**

03-04-2000 90063 034 \*\*\*150.00

Principal Place of Business	Mailing Address
900 WEST 49TH STREET SUITE 450 HIALEAH FL 33012	900 WEST 49TH STREET SUITE 450 HIALEAH FL 33012

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number:</b> <div style="font-size: 1.5em; font-family: cursive;">65-0969147</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; text-align: center;">Applied For</td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;">Not Applicable</td> </tr> </table>		Applied For		Not Applicable
	Applied For				
	Not Applicable				
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<div style="font-size: 1.2em; font-weight: bold;">\$8.75 Additional Fee Required</div>				

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
CARBAJAL, NURY 900 WEST 49TH STREET SUITE 450 HIALEAH FL 33012	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CARBAJAL, NURY</b> <b>900 WEST 49TH STREET SUITE 450</b> <b>HIALEAH FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) [Signature] (SABG) 2/11/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)