FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -3 AM 9:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S57908** **(3)**

1. Corporation Name
BEST DIAGNOSTICS SERVICE CORP.

Principal Place of Business	Mailing Address
13415 S.W. 12TH TERR MIAMI FL 33184	13415 S.W. 12TH TERR MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/06/1991	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4800 W Flagler	26 4800 W Flagler
Suite, Apt. #, etc. 22 #213	Suite, Apt. #, etc. 27 #213
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33134 / 25 DADE	Zip / Country 29 33134 / 30 DADE

4. FEI Number: 65-0265771 ☐ Applied For ☐ Not 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOWLEY, GUILLERMO 13415 S.W. 12TH TERR MIAMI FL 33184	81 Name: Bowley, Guillermo 82 Street Address (P.O. Box Number is Not Acceptable): 4800 W Flagler, STE# 213 83 84 City: Miami FL 85 Zip Code: 33134

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PST	☒ Change ☐ Addition
NAME	BOWLEY, GUILLERMO	12 NAME	BOWLEY, GUILLERMO	
STREET ADDRESS	13415 S.W. 12TH TERR	13 STREET ADDRESS	4800 W Flagler, STE# 213	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Fl 33134	
TITLE	~~CD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~BOWLEY, CARMEN~~	22 NAME		
STREET ADDRESS	~~13415 S.W. 12TH TERR~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Guillermo Bowley 07/27/95 305-445-1156
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)

0201847 CP