

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

APPROVED  
AND  
FILED

98 FEB 19 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S71188**

1. Corporation Name

**HEALTH DIAGNOSTIC, INC.**

Principal Place of Business

**1840 West 49th Street  
Suite #310  
Hialeah, Florida 33012**

Mailing Address

**Same**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**1840 West 49th Street  
Suite, Apt. #, etc.  
#510**

3. New Mailing Office Address, If Applicable  
**Same**  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

**August, 1991**

5. FEI Number

**65-0274600**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Nelson Echevarria	5910 West 3rd Lane	Hialeah, Fl. 33012

000002439350--6  
 02/24/98 01076 001  
 \*\*\*908.75 \*\*\*908.75

**REINSTATEMENT 97-98**

*A. Alan*  
 2/19/98

8. Name and Address of Current Registered Agent

**Jose Saldala  
1840 West 49th Street  
Suite #310  
Hialeah, Florida 33012**

9. Name and Address of New Registered Agent

Name  
**Paul I. Scherman, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1840 West 49th Street**  
 Suite, Apt. #, Etc.  
**Suite #510**  
 City  
**Hialeah**

State  
**FL**

Zip Code  
**33012**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **2/18/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Nelson Echevarria*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/18/98 372-0028**

CR2E040 (1/98)