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PROFIT CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # \$71188 1. Corporation Name

HEALTH DIAGNOSTIC INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90010 013 ***150.00



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| , a | Maili | ing Address | | | | • | |
| rincipal Place of Business | | WEST 49TH STREET | | | | | • |
| B40 WEST 49TH STREET. | | SUITE #510 | | DO NOT WRITE IN THIS SPACE | | | |
| UITE #510 IALEAH FL 33012 | HIALF | EAH FL 33012 | | | 3. Date Incorporated or Qualifed | | Ï |
| ALEAN PL 30012 | | | | | 08/06/1991 | | |
| | | | | | 4. FEI Number | | Applied For |
| . Principal Place of Business | 2a. 1 | Mailing Address | | | 65-0274600 | | Not Applicable |
| n Principal Place of Scomes | 26 | | | | | | 5 Additional |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | Fee | Required |
| Suite, Apr. #, etc. | 27 | | | | 6Election Campaign Financing | | 00-May Be |
| _City.& State | | City & State | | | Trust Fund Contribution | Add | ed to Fees |
| ٦ . | 28 | | | | 8. This corporation owes the current ye | ear Intangible | _ |
| Co | ountry | Zip | Country | | Domanal Property Tax. | □ 1 <u>c3</u> | □No |
| 7 [25] | 29 | | 30 | | 10. Name and Address of New Regis | tered Agent | |
| 9 Name and A | ddress of Current Regist | tered Agent | 81 | Name | 10. | | |
| | tita e sa salah sa | | 611 | 1 | | | |
| SCHERMAN, PAUL I P.A. | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptable) | 15 6 12 1 11 | <u>10 5136 153</u> |
| 1840 WEST 49TH STREET | | | <u> </u> | <u> </u> | | A | |
| SUITE #510 | | | 83 | | | |) 1 Sign 1 Com |
| HIALEAH FL 33012 | | | 84 | City | | FL 85 | Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stroffice or registered agent, or both, in the State of Florida. Such change we agent. I am familiar with, and accept the obligations of, Section 607.0505, | | | 1 - 1 | 1 | | | n its registered |
| SIGNATURE Signature, typed or print | ed name of registered agent and title | | Registered Age | ant signature requi | ADDITIONS/CHANGES TO OFFICE | ERS AND DIR | ECTORS IN 12 |
| 12. | OFFICERS AND DIRE | DELETE | 1.1 TITLE | | | □ • | - La |
| | | | 1.1 11112 | 1 | , 41 | | |
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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 an attachment with an address, with all other like empowered.

SIGNATURE: