

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAR 31 AM 11:42

DOCUMENT # S89426  
1. Corporation Name  
H.P. DIAGNOSTIC, INC.

Principal Place of Business Mailing Address  
20237 N.E. 16 Place 20237 N.E. 16 Place  
Miami, Fl. 33179 Miami, Fl. 33179

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		65-0291599		10/22/91 Jan. 94	
22		27		5. Certificate of Status Desired		Applied For	
23		28		6. Election Campaign Financing		Not Applicable	
24		29		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		8. \$8.75 Additional Fee Required	
25		30		9. Yes		9. \$5.00 May Be Added to Fees	
				10. No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Lazaro Vega 16413 N.E. 33 Ave. Miami, Fl. 33160				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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]* DATE: 3/29/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Secretary	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lazaro Vega	2. NAME	
STREET ADDRESS	16413 N.E. 33 Ave	3. STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33160	4. CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	600001448976
STREET ADDRESS		2.3 STREET ADDRESS	-04/06/95--01027--017
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* Lazaro Vega 3/29/95 305-362-1544  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten]* 3-31-95