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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

S89426

(8)

H.P. DIAGNOSTIC, INC.

Principal Place of Business Mailing Address AND LE SETH PLACE



2. Principal Place of Business 2. STREET 2a. Mailing Arthress 23. Mailing Arthress 24. FEI Number 39. Suite, Apt. #, etc. 25. Certificate 26. Suite, Apt. #, etc. 27. City & State 28. HIAMI - FLORIDA 28. HIAMI - FLORIDA 5. Certificate 29. All AMI - FLORIDA 28. HIAMI - FLORIDA 6. Flection of Trust Function of Trust Fun	Not Applic s of Status Desired Sa.75 Addition. Fee Required Campaign Financing Contribution Added to Fees praction has liability for intangible tax under s 199.032, atutes Yes No and Address of New Registered Agent
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Trust Fundament Trust Fund	d Contribution Added to Fees pration has liability for intangible tax under s 199.032, atutes Yes No d Address of New Registered Agent
9. Name and Address of Current Registered Agent VEGA, LAZAROO 18413 N.E. 33 AVE. MIAMI FL 33160 11. Pursuant to the provisions of Sections 697,050? and 607,1508, Florida Statutes, the above named coxporation submits the or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits the or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits the or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits the or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits the or registered agent, or both, in the State of Florida Statutes. SIGNATURE Signature Superior by electronic broaded god and the registate. The Description Description of the provisions of Section DOV, 0500, Florida Statutes. 12. OFFICENS AND DIRECTORIS 13. ADDITION TITLE NAME FRIEDE BERG, ARCON MICHAEL 13 STREET ADDRESS CITY-ST-2IP HALLANDAKE THE DESCRIPTION OF STATE 14 CITY-ST-7IP 14 CITY-ST-7IP 15 TITLE NAME STREET ADDRESS CITY-ST-7IP THE NAME STREET ADDRESS CITY-ST-7IP THE DELETE 1 TITLE NAME 33 STREET ADDRESS CITY-ST-7IP THE DELETE 4 TITLE 1 DELETE 4 TITLE THE DELETE ADDRESS CITY-ST-7IP THE DELETE ADDRESS	atutes Yes No ad Address of New Registered Agent
9. Name and Address of Current Registered Agent VEGA, LAZAROO 18413 N.E. 33 AVE. MIAMI FL 33160 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the abover named corporation submits the or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. It familiar with, and accept the obligations of Section 607.0505, Floridal Statutes SIGNATURE SIGNATURE OFFICERS AND DIFFICIONS 12. OFFICERS AND DIFFICIONS 13. ADDITION TITLE NAME FRIEDE BERG, AARON MICHAEL 12 NAME STREET ADDRESS CITY-ST-ZIP THE DELETE 14 CITY-ST-ZIP THE NAME FRIEDE BERG, HUGGO 23 SIRRET ADDRESS CITY-ST-ZIP THALLANDRUE 13. ADDITION 14 CITY-ST-ZIP THE DELETE 24 CITY-ST-ZIP THALLANDRUE 15 DELETE 31 Name 32 NAME 33 SIRRET ADDRESS CITY-ST-ZIP THE DELETE 10 DELETE 4 1 TILE DELETE 4 1 TILE DELETE 4 1 TILE THE DELETE 4 1 TILE DELETE 4 1 TILE THE THE DELETE 4 1 TILE THE THE THE THE THE THE THE T	d Address of New Registered Agent
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VEGA, LAZAROO 18413 N.E. 33 AVE. MIAMI FL 33160 82 Street Address (P.O. Box N.E. 83	imber is Not Acceptable)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. If familiar with, and accept the obligations of, Section 007.0505, Florida Statutes SIGNATURE Signature by electronalist has not beginned agent and the ringel late. The Signature by electronalist has not beginned agent and the ringel late. The PD	imber is Not Acceptable)
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certify that the information indicated on this and oath; that I am an officer or director of the corpapears in Block 12 or Block 13 it change or r supplamental annual report is true and accurate and that my signature shall have the same legal effect as if made unde he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

30× 87/2020