

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97486**

1. Corporation Name

X-RAY DIAGNOSTIC CENTER, INC.

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90001 045 ***550.00



Principal Place of Business
42 NW 27 AVE
SUITE 309
MIAMI FL 33125

Mailing Address
42 NW 27 AVE
SUITE 309
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1991

4. FEI Number

65-0299354

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 owes the current year
Intangible Personal Property.

Yes No

2. Principal Place of Business

21 42 NW 27 Ave.

2a. Mailing Address

26 42 NW 27 Ave.

Suite, Apt. #, etc.

22 Suite # 312

Suite, Apt. #, etc.

27 Suite # 312

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33125

Country

25 U.S.A.

Zip

29 33125

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LOPEZ, CARIDAD A.
2871 NW 4 TERR
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

GODOY, OLGA L.

82 Street Address (P.O. Box Number is Not Acceptable)

4771 NW 6 Street

83

84 City

Miami

FL

85 Zip Code

33126

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

TITLE

P LOPEZ, CARIDAD A.

NAME

STREET ADDRESS

2871 NW 4 TERR

CITY-ST-ZIP

MIAMI FL

TITLE

VTD

NAME

GODOY, OLGA L.

STREET ADDRESS

4771 NW 6 TERR

CITY-ST-ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/99 (305) 643-9199

CR2E034 (5/99)