

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-1997 B-7002-C

DOCUMENT # V09693 (5)

1. Corporation Name

DIAGNOSTIC AND TREATMENT MEDICAL GROUP CORP.

Principal Place of Business

Mailing Address

6175 NW 153 STREET
SUITE 103
MIAMI LAKES FL 33014
US

P O BOX 2662
SUITE 118
HALEAH FL 33012
US



3. Date Incorporated or Qualified

01/28/1992

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 10640 NW 27 Street

26 Suite, Apt. #, etc.

4. FEI Number

65-0312241

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA-CARRANZA, CARLOS
6175 NW 153 STREET
SUITE 103
MIAMI LAKES FL 33014

81 Name

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

83

84 City

FL

85 Zip Code

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

C 1296

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME GARCIA-CARRANZA, CARLOS
STREET ADDRESS 8239 NW 199 ST.
CITY - ST - ZIP MIAMI FL

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51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(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 617, 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

6-12-96

305
392.5446

CR2E034 (3/96)