FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V22026 (1)

1. Corporation Name

ALFA DIAGNOSTIC MOBILE SERVICES INC.

Principal Place of Business	Mailing Address
7805 SW 24 ST STE 127 MIAMI FL 33155 US	7805 SW 24 ST STE 127 MIAMI FL 33155 US

2. Principal Place of Business
21 8370 West Flagler St
Suite, Apt. #, etc
22 Suite 246
City & State
23 Miami, Florida
Zip 24 33144 County 25 Dade

2a. Mailing Address
26 8370 West Flagler St
Suite, Apt. #, etc
27 Suite 246
City & State
28 Miami, Florida
Zip 29 33144 County 30 Dade

3. Date Incorporated or Qualified: 03/18/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0320663 ☐ 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**

PALACIOS, HECTOR A.
7805 CORAL WAY #127
MIAMI FL 33155

10. **Name and Address of New Registered Agent**

81 Name: Palacios, Hector A.
82 Street Address (P.O. Box Number is Not Acceptable): 8370 West Flagler Street
83 Suite 246
84 City: MIAMI FL 85 Zip Code: 33144

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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. **OFFICERS AND DIRECTORS**

TITLE	PD	☐ DELETE
NAME	PALACIOS, HECTOR A.	
STREET ADDRESS	3710 S.W. 136 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	☒ ~~DELETE~~ × Correct name.
NAME	PALACIOS, FLORIA P.	
STREET ADDRESS	3710 S.W. 136 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	Palacios, Gloria P.	
2.3 STREET ADDRESS	3710 SW 136 Ct	
2.4 CITY-ST-ZIP	MIAMI, Florida 33175	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement of 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] 5-11-96 305-554-8097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HECTOR A. PALACIOS (PRESIDENT)

CR2E034 (12/95)