

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 # **V62531** (1)

1. Corporation Name

**T. C. D. DIAGNOSTIC CENTER INC.**



Principal Place of Business

**7811 CORAL WAY  
#103  
MIAMI FL 33155  
US**

Mailing Address

**7811 CORAL WAY  
#103  
MIAMI FL 33155  
US**

3. Date Incorporated or Qualified

**09/09/1992**

3a. Date of Last Report

**03/22/1995**

4. FEI Number

**65-0355881**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. **9600 SW 8th STREET**

Suite, Apt. #, etc.

22. **- 47**

City & State

23. **MIAMI, FL.**

Zip

24. **33174**

Country

25. **U.S.A.**

2a. Mailing Address

26. **SAME**

Suite, Apt. #, etc.

27.

City & State

28.

Zip

29.

Country

30.

9. Name and Address of Current Registered Agent

**JIMENEZ, GERARDO  
15175 SW 111 ST.  
MIAMI FL 33196**

10. Name and Address of New Registered Agent

81. Name

**GERARDO JIMENEZ**

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

**9600 S.W. 8th STREET**

83. Suite, Apt. #, etc.

**Suite 47**

84. City

**MIAMI**

FL

85. Zip Code

**33174**

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

**GERARDO JIMENEZ**

(NOTE: Registered Agent Signature Required when reinstating)

**2-14-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **PD  
JIMENEZ, GERARDO**  
STREET ADDRESS **15175 SW 111TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **P-T-S  
GERARDO JIMENEZ**  
STREET ADDRESS **9600 S.W. 8th STREET #47**  
CITY-ST-ZIP **MIAMI, FL 33174**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

**GERARDO JIMENEZ**

**2-14-96**

**305 227-6220**

Date

Daytime Phone #

CR2E034 (12/95)