

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP -3 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

9600 SW 8TH STREET
SUITE 47
MIAMI FL 33174
US

Mailing Address

7811 CORAL WAY
#103
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1992
3a. Date of Last Report 02/19/1996

4. FEI Number 65-0355881
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 9600 SW 8th Street
22 Suite Apt. #, etc. 42
23 City & State MIAMI FL
24 Zip 33174 25 Country U.S.A

2a. Mailing Address
26 9600 SW 8th Street
27 Suite Apt. #, etc. 42
28 City & State MIAMI FL
29 Zip 33174 30 Country U.S.A

9. Name and Address of Current Registered Agent

JIMENEZ, GERARDO
9600 SW 8TH STREET
SUITE 47
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9600 SW 8th Street
83 Suite 42
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

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	PTS	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, GERARDO	
STREET ADDRESS	9600 SW 8TH STREET, #47	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	9600 SW 8th Street suite 42	
1.4 CITY-ST-ZIP	MIAMI, FL 33174	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	700002284957--7	
3.4 CITY-ST-ZIP	-09/04/97--01085--017	
4.1 TITLE	****165.00 ****165.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

GERARDO JIMENEZ 33174 33174

CR2E034 (4/97)



T.C.D. DIAGNOSTIC CENTER, INC.

Ultrasound, Neuro, Echo
& Vascular Test. Mobile Services

9600 S.W. 8th Street. Miami, FL. 33174
PH: (305) 227-6220 FAX: (305) 227-4760

AUGUST, 26 1997

FLORIDA DEPT. OF STATE

CORP. ANNUAL REPORT

TO WHOM IT MAY CONCERN:

The following is to inform you that we did not received
the first annual report on the filing fee.

We are enclosing the payment for the annual report on first
notice.

Thank you for your understanding.

If there is any question, please do not hesitate to contact us.

Sincerely,


Gerardo Jimenez
Manager