

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V62531** (1)

1. Corporation Name
T. C. D. DIAGNOSTIC CENTER INC.

Principal Place of Business 9600 SW 8TH STREET SUITE 42 MIAMI FL 33174 US	Mailing Address 9600 SW 8TH STREET SUITE 42 MIAMI FL 33174 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 845 EAST 10 AVE Suite, Apt. #, etc. 22 HIALEAH, FL City & State 23 Zip 24 33010 Country 25 U.S.A	2a. Mailing Address 26 845 EAST 10 AVE Suite, Apt. #, etc. 27 N/A City & State 28 HIALEAH, FL. Zip 29 33010 Country 30 U.S.A
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3. Date Incorporated or Qualified 09/09/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0355881	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JIMENEZ, GERARDO
9600 SW 8TH STREET
SUITE 42
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81 Name GERARDO JIMENEZ
82 Street Address (P.O. Box Number is Not Acceptable) 845 EAST 10 AVENUE
83
84 City HIALEAH FL 85 Zip Code 33010

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, #42	
CITY-ST-ZIP MIAMI FL 33174	
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 P.T.S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME GERARDO JIMENEZ	
1.3 STREET ADDRESS 845 EAST 10 AVE	
1.4 CITY-ST-ZIP HIALEAH, FL. 33010	
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	
3.4 CITY-ST-ZIP	
4.1 TITLE	<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 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

CR2E034 (10/97)