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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 29, 1999 8:00 am Secretary of State 07-29-1999 90027 016 ***550.00

1. Corporation Name HIGH TECH DIAGNOSTIC GROUP, INC.					
Principal Place of Business Mailing Address 7171 CORAL WAY 7171 CORAL WAY STE 316 SUITE 316 MIAMI FL 33155 MIAMI FL 33155 US US		7171 CORAL WAY SUITE 316 MIAMI FL 33155	,	DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	
2. Principal P	lace of Business	-2a. Mailing Address		10/08/1992 4. FEI Number	Applied For
21 212	3 Coral Way	26 2123 Corat	Way	65-0358556	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	1" K -1" -	City & State	Fla	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33/	Country [25]	2ip 33/45 30	Country	This corporation owes the current year In Personal Property Tax.	
	9. Name and Address of Current			10. Name and Address of New Registered	
		_ 	81 Name	· · · · · · · · · · · · · · · · · · ·	<u> </u>
CAZARES, PIERRE 10002 NW 5 LANE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33172			83		
}			84 City	F	85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named corn	pration submits this statement for the purpose of the sport of directors. I hereby accept the appropriate the sport of directors is necessarily accept the sport of the sport	
agent. I a SIGNATURE	m familiar with, and accept the obligation of registered agent of the state of the	and title if applicable. (NOTE: Re	a Statutes. egistered Agent signature required 13.		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	CAZARES, PIERRE 10002 NW 5TH LANE		1.2 NAME 1.3 STREET ADDRESS	·	
CITY-ST-ZIP	MIAMI FL		1.4 City-ST-ZIP		
TITLE	OMVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, MARIA A.		2.2 NAME		
STREET ADDRESS	10002 NW 5TH LANE		2.3 STREET ADDRESS)		
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.4 CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition
TITLE			3.1 TITLE		□ Change □ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS	•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
ITILE		☐ DELETE	4.1 TITLE		Change Addition
NAME	,		4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	,	☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
NAME PTDEET ADDDESS	•		5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
NAME	,		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP		
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			

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 of true corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the receiv