


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90417 033 \*\*\*150.00

**DOCUMENT # P03000055970**

1. Entity Name  
**T & D MEDICAL DIAGNOSTIC CENTER, CORPORATION**



Principal Place of Business  
**701 NW 57TH AVENUE  
 OFICINA 350  
 MIAMI, FL 33126**

Mailing Address  
**701 NW 57TH AVENUE  
 OFICINA 350  
 MIAMI, FL 33126**

**14014369**



2. Principal Place of Business  
**230 NW 72 AVE**

3. Mailing Address  
**230 NW 72 AVE**

Suite, Apt. #, etc.

03292005 Chg-P CR2E034 (10/03)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**06-1698114**

Applied For  
 Not Applicable

Zip  
**33126**

Country  
**USA**

Zip  
**33126**

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TELLEZ, LUIS F**  
~~**701 NW 57TH AVENUE**~~  
~~**SUITE 350**~~  
~~**MIAMI, FL 33126**~~

7. Name and Address of New Registered Agent

Name  
**LUIS F TELLEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**230 NW 72 AVE**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33126**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/29/05**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TELLEZ, LUIS F <del>701 NW 57TH AVENUE STE 350</del> <b>230 NW 72 AVE</b> MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRA, ROOSEVELT <del>701 NW 57TH AVENUE</del> <b>230 NW 72 AVE</b> MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERNA, ROSA E <del>701 NW 57TH AVENUE</del> <b>230 NW 72 AVE</b> MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/29/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #