

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107635

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** GABLES DIAGNOSTIC CENTER, INC.

**Current Principal Place of Business:**

5450 S.W. 8TH STREET, SUITE 202  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5450 S.W. 8TH STREET, SUITE 202  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 94-3457985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIGUERREY O'HOLLEARN, MARIA EUGENIA  
5450 S.W. 8TH STREET, SUITE 202  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

O'HOLLEARN, MARIA  
5450 S.W. 8TH STREET, SUITE 202  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MARIA O'HOLLEARN

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: O'HOLLEARN, MARIA  
Address: 5450 S.W. 8TH STREET, SUITE 202  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA O'HOLLEARN

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date