2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90025 023 ***150.00

DOCUMENT # P95000019886

1. Entity Name
MERIDIAN PAIN & DIAGNOSTICS, INC.

24005978

Principal Place of Business	Mailing Address
1435 WEST 49TH PLACE SUITE 500 HIALEAH, FL 33012 US	P.O. BOX 21026 FT. LAUDERDALE, FL 33335-2146 US

01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
401 Sw 42 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State	
Zip: 33134	Country: Dade	Zip	Country

4. FEI Number: 65-0566757 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREUND, IRWIN CPA
10729 SW 104 ST
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: Ronald DeMeo
Street Address (P.O. Box Number is Not Acceptable): 401 Sw 42 Ave
City: Miami FL Zip Code: 33134

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: Ronald DeMeo DATE: 1-29-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MEO, RONALD F 1435 W 49TH PLACE, # 500 HIALEAH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeMeo, Ronald F 401 Sw 42 Ave Miami, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Ronald DeMeo 1-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #