

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067817

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** PHYSICIANS DIAGNOSTIC SYSTEMS, INC.

**Current Principal Place of Business:**

1757 CORAL WAY  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

1757 CORAL WAY  
MIAMI, FL 33145 US

**New Mailing Address:**

FEI Number: 65-0772181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTERA  
1840 CORAL WAY  
MIAMI, FL 33145

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEISS, RACHELLE  
Address: 832 MAJORCA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: EVP ( ) Delete  
Name: PRESS, JACK A  
Address: 530 MELALEUCA LN  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RACHELLE WEISS

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date