

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 90460 039 ***150.00

DOCUMENT # P03000085943	
1. Entity Name PERFECT DIAGNOSTIC SERVICES CO.	

Principal Place of Business 9357 FONTAINEBLEAU BLVD STE D203 MIAMI, FL 33172	Mailing Address 9357 FONTAINEBLEAU BLVD STE D203 MIAMI, FL 33172
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66441338



2. Principal Place of Business 6930 TOWN HARBOUR BLVD Suite, Apt. #, etc. 2513	3. Mailing Address 6930 TOWN HARBOUR BLVD Suite, Apt. #, etc. 2513
City & State BOCA RATON - FL	City & State BOCA RATON
Zip 33433	Country
Zip 33433	Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3770528	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	DP JURADO, ROBERT P 9357 FONTAINEBLEAU BLVD STE D203 MIAMI, FL 33172 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JURADO, ROBERTO P 6930 TOWN HARBOUR BLVD 2513 BOCA RATON, FL 33433 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP SANTZ-PENJA, PATRICIA 6436 NW 121 ST AVE CORAL SPRINGS FL 33076 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Djurado 04-20-04 (901) 305 0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #