

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G50982

Entity Name: DIAGNOSTIC MEDICAL IMAGING SERVICES, INC.

Current Principal Place of Business:

7406 SW 48 ST.
MIAMI, FL 33155

Current Mailing Address:

7406 SW 48 ST.
MIAMI, FL 33155 US

FEI Number: 59-2308900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, JUAN
7406 SW 48 ST
MIAMI, FL 33155 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DSP	Title	D
Name	TORRES, JUAN	Name	TORRES, JUAN
Address	7406 SW 48ST.	Address	7406 SW 48ST.
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

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: JUAN TORRES

CEO

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date