

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000117078

**Entity Name:** AMERIMED DIAGNOSTIC SERVICES, INC.

**Current Principal Place of Business:**

500 W. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33603

**Current Mailing Address:**

500 W. MARTIN LUTHER KING BLVD.  
TAMPA, FL 33603

**FEI Number: 11-3661952**

**Certificate of Status Desired: No**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 P  
Name TORRES, OSCAR  
Address 500 W. MARTIN LUTHER KING BLVD.  
City-State-Zip: TAMPA FL 33603

Title VP  
Name FERNANDEZ, CARMEN  
Address 500 W MARTIN LUTHER KING BLVD  
City-State-Zip: TAMPA FL 33603

Title TREASURER  
Name MANSO, GUIDOVER SR.  
Address 500 W. MARTIN LUTHER KING BLVD.  
City-State-Zip: TAMPA FL 33603

Title GENERAL MANAGER  
Name MANSO, MARY K  
Address 500 W. MARTIN LUTHER KING BLVD.  
City-State-Zip: TAMPA FL 33603

*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: MARY K. MANSO**

**GM**

**06/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date