

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000117078

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

**Current Principal Place of Business:**

5204 N. MACDILL AVE.  
TAMPA, FL 33615

**Current Mailing Address:**

5204 N. MACDILL AVE  
TAMPA, FL 33614 US

**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 SECRETARY  
Name LEYVA, NANCY C  
Address 4008 W. SITKA ST.  
City-State-Zip: TAMPA FL 33614

Title P  
Name GARCIA, EDUARDO  
Address 5208 HARBORSIDE DR..  
City-State-Zip: TAMPA FL 33615

Title V  
Name LUIS, LOIS  
Address 5204 N. MACDILL AVE.  
City-State-Zip: TAMPA FL 33615

*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: LOIS LUIS**

**MANAGER**

**04/02/2023**

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

\_\_\_\_\_  
Date