

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107635

Entity Name: GABLES DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

5450 S.W. 8TH STREET, SUITE 202
CORAL GABLES, FL 33134

Current Mailing Address:

5450 S.W. 8TH STREET, SUITE 202
CORAL GABLES, FL 33134

FEI Number: 94-3457985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'HOLLEARN, MARIA
5450 S.W. 8TH STREET, SUITE 202
CORAL GABLES, FL 33134 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 PRES
Name O'HOLLEARN, MARIA
Address 5450 S.W. 8TH STREET, SUITE 202
City-State-Zip: CORAL GABLES FL 33134

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: MARIA O'HOLLEARN

PRESIDENT

04/26/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date