

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000093732

Entity Name: ONDIAGNOSTIC HEALTHCARE CORPORATION

Current Principal Place of Business:

409 NW 10TH TER
SUITE B60
HALLANDALE BEACH, FL 33009

Current Mailing Address:

409 NW 10TH TER
SUITE B60
HALLANDALE BEACH, FL 33009 US

FEI Number: 47-2367954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERICA EXPERT LLC
409 NW 10TH TER
HALLANDALE BEACH, FL 33009 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 DUARTE, MARCELO
Address 409 NW 10TH TER - SUITE B60
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP
Name BUENO, MACIEL
Address 409 NW 10TH TER - SUITE B60
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIR
Name FELIZARDO, JOSE
Address 409 NW 10TH TER - SUITE B60
City-State-Zip: HALLANDALE BEACH FL 33009

Title TR
Name MATIAS, KATIA
Address 409 NW 10TH TER - SUITE B60
City-State-Zip: HALLANDALE BEACH FL 33009

Title SECR
Name OLIVEIRA, LETICIA
Address 409 NW 10TH TER - SUITE B60
City-State-Zip: HALLANDALE BEACH FL 33009

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: MARCELO DUARTE

PRESIDENT

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date