

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603652

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** DE LA PEDRAJA RADIOLOGY ASSOCIATES, INC.

**Current Principal Place of Business:**

4790 S.W. 8TH ST.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

4790 S.W. 8TH ST.  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 59-1422427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DE LA PEDRAJA, OSVALDO  
4776 S.W. 8TH STREET  
CORAL GABLES, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DE LA PEDRAJA, OSVALDO  
Address: 9300 S.W. 20 ST.  
City-St-Zip: MIAMI, FL 33165

Title: DS  
Name: ALVAREZ, PEDRO  
Address: 9300 S.W. 20 ST.  
City-St-Zip: MIAMI, FL 33165

Title: DT  
Name: GOMEZ, NORMA  
Address: 9300 S.W. 20 ST.  
City-St-Zip: MIAMI, FL 33165

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: OSVALDO DE LA PEDRAJA

PD

02/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date