


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H30229		
1. Entity Name SOUTHERN DIAGNOSTIC ASSOCIATES, INC.		

Principal Place of Business 4445 W 16TH AVENUE SUITE 402 HIALEAH, FL 33012 US	Mailing Address 4445 W 16TH AVENUE STE. 402 HIALEAH, FL 33012-7803 US
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02112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2475270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SPIEGLER, MARTIN W 4445 W. 16TH AVENUE SUITE 402 HIALEAH, FL 33012
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000065371 02/25/04-80035-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SPIEGLER, MARTIN 4445 W. 16 AVE., SUITE 402 HIALEAH, FL 33012
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Martin Spiegler* MARTIN SPIEGLER 2/17/2004 305)557-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #