

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

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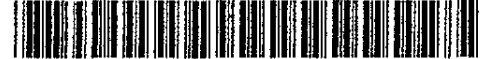
1. Entity Name
BREAST & ULTRASOUND DIAGNOSTIC SERVICES, INC.



Principal Place of Business
**4980 W. 10TH AVE.
STE. 102
HIALEAH, FL 33012**

Mailing Address
**4980 W. 10TH AVE.
STE. 102
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2848225

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EXPOSITO, CARLOS
4980 W. 10TH AVE.
SUITE 102
HIALEAH, FL 33012**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EXPOSITO, CARLOS
4980 W. 10TH AVE. STE. 102
MIAMI, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EXPOSITO, CLARA ARELY
4980 W. 10TH AVE. STE. 102
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000273555
03/23/05-80034-005 150.00

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IN THIS SPACE**

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, within, other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

Daytime Phone #