

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M76891
 1. Entity Name
DIAGNOSTIC IMAGING TECH SERVICE, INC.
 W05-2309



Principal Place of Business
12760 SW 14 ST
MIAMI, FL 33148 US

Mailing Address
12760 SW 14 ST
MIAMI, FL 33148 US

FILED
05 FEB 10 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT 04-05
 4. FEI Number
65-0046637
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required** (X2)

6. Name and Address of Current Registered Agent
CENTENO, RAUL
8220 SW 30TH ST
MIAMI, FL 33155

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.
RAUL Centeno
 SIGNATURE *Raul Centeno* DATE **1-31-2004**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV CENTENO, RAUL 8220 SW 30TH ST MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTENO, LORRAINE 8220 SW 30TH ST MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100044506221 01/11/05--01022--011 **917.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTENO, RAUL 8220 SW 30TH ST MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.

SIGNATURE: *Lorraine Centeno* **LORRAINE CENTENO** DATE **12-10-04** DAYTIME PHONE # **305 221 1081**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR