

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 05, 2007  
Secretary of State**

DOCUMENT# P00000028278

Entity Name: SANTA CLARA DIAGNOSTIC CENTER INC.

**Current Principal Place of Business:**

1790 W 49TH STREET, #400-8  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1790 W 49TH STREET, #400-8  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-1003631      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RUIZ, LARRY  
9162 NW 145LANE  
MIAMI, FL 33018 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 ( ) Delete  
Name: RUIZ, LARRY  
Address: 9162 NW 145 LN  
City-St-Zip: MIAMI, FL 33018

Title: VP (X) Delete  
Name: NORDELO, OSVALDO M  
Address: 14353 SW 101 LANE  
City-St-Zip: MIAMI, FL 33186 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PR (X) Change ( ) Addition  
Name: RUIZ, LARRY  
Address: 9162 NW 145 LN  
City-St-Zip: MIAMI, FL 33018

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY RUIZ

PR

12/05/2007

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

\_\_\_\_\_ Date