2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2009
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:

1800 WEST 49TH STREET
324-K
HIALEAH, FL 33012

Current Mailing Address:

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

New Mailing Address:

1800 WEST 49TH STREET
324-K
HIALEAH, FL 33012

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

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

Title: VP ( ) Delete
Name: CARDENAS, BARBARA
Address: 1790 W. 49 ST., #400-8
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 07/24/2009

Electronic Signature of Signing Officer or Director — Date