


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State


DOCUMENT # P0000044356

1. Entity Name
CARDIOLOGY DIAGNOSTIC SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business 7150 W 20 AVE. 609 HIALEAH, FL 33016	Mailing Address 7150 W 20 AVE. 609 HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1007148	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINERO, JOSE R
 7150 W. 20TH AVE
 609
 HIALEAH, FL 33016

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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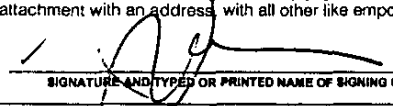
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PINERO, JOSE R 5768 SW 94 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ASON, RAFAEL 7100 W 20 AVENUE, G154 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VICTORES, LORENZO 285 W 49 STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **JOSE PINERO** ✓ 3-15-07 / (305) 557-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #