

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000044356

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**



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1007148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U00000924040
05/16/08 00058 004 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose R. Pintero
PRAS

Date

Daytime Phone #

✓ 4-23-08 (305) 587-9300