

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000063991

1. Entity Name
STARWOOD MOBILE DIAGNOSTICS INC.



Principal Place of Business
**499 STATE ROAD 434 N
2179
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**6006 N. MESA
710
EL PASO, TX 79912**

DO NOT WRITE IN THIS SPACE



09022004 No Chg-P CR2E034 (10/03)

4. FEI Number
91-2067997

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ENABNIT, STEVEN
499 STATE ROAD 434 N
2179
ALTAMONTE SPRINGS, FL 32714**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000172415
09/21/04-80002-001 550.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ENABNIT, STEVEN
18807 WINDSOR LAKES
HOUSTON, TX 77094**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
HOWARD, TRACY
18807 WINDSOR LAKES
HOUSTON, TX 77094**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE:

Steven Enabnit **9-8-04** **281-932-6891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #