

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000071617

1. Entity Name

ROSE MED DIAGNOSTIC CENTER, INC.



Principal Place of Business

1235 N KROME AVE
HOMESTEAD, FL 33030

Mailing Address

1235 N KROME AVE
HOMESTEAD, FL 33030



03222008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1029869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, NILDA
1235 N KROME AVE
HOMESTEAD, FL 33030

**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

U000000915481
05/09/08-80017-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ACOSTA, NILDA R
1235 N. KROME AVE
HOMESTEAD, FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 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

Date

Daytime Phone #