

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110065

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: PAN AM DIAGNOSTIC SERVICES, INC.

**Current Principal Place of Business:**

410 WEST 45TH STREET  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

1820 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

410 WEST 45TH STREET  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 65-1057401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAHANA, ROBERTA D PRES  
410 WEST 45TH ST  
MIAMI BEACH,, FL 33140      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD      ( ) Delete  
Name: KAHANA, ROBERTA D  
Address: 410 WEST 45TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD      ( ) Delete  
Name: KAHANA, BARUCH D MD  
Address: 410 W 45TH ST  
City-St-Zip: MIAMI BEACH, FL 33140

**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 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 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: ROBERTA D KAHANA

PSTD

06/30/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date