

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000028501 1. Entity Name ARTEMISA DIAGNOSTIC MOBILE CORPORATION	
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Principal Place of Business 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174	Mailing Address 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174
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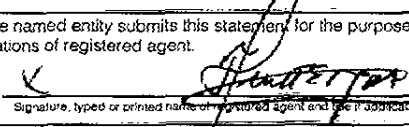
DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1102133	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEAL, LAZARO A 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174	DO NOT WRITE IN THIS SPACE
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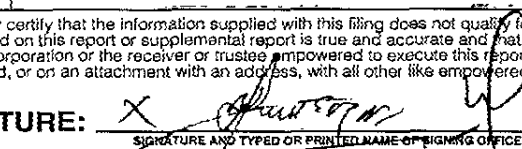
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	4/20/04
SIGNATURE  Signature, typed or printed name of registered agent and fee if applicable	DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARTEAGA, JOSE ANTONIO 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT LEAL, LAZARO 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ALONSO, HELVIO DR. 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174
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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04/27/04-80061-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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.	4/20/04
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #