

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90072 005 ***158.75

DOCUMENT # P01000099843

1. Entity Name
AMERICAN DOCTORS DIAGNOSTIC INC.



Principal Place of Business

~~437 SW 17 AVE~~
MIAMI, FL 33135

Mailing Address

437 SW 17 AVE
MIAMI, FL 33135

40104311

2. Principal Place of Business - No P.O. Box #

435 SW 17 AVE

3. Mailing Address

435 SW 17 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292007

Chg-P

CR2E034 (12/06)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1153771

Applied For

Not Applicable

Zip
33135

Country

MIAMI Dade

Zip
33135

Country

MIAMI Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORALES, OSVALDO

~~437 SW 17 AVE~~
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name **OSVALDO MORALES**

Street Address (P.O. Box Number is Not Acceptable)

435 SW 17 AVE

City **MIAMI,**

FL

Zip Code

33135

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 state if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MORALES, OSVALDO**
STREET ADDRESS ~~437 SW 17 AVE~~
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **OSVALDO MORALES**
STREET ADDRESS **435 SW 17 AVE**
CITY-ST-ZIP **MIAMI, FL, 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4/29/2007 643-2303