

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000032241

1. Entity Name  
DIAGNOSTIC CARDIO-PULMONARY SERVICES INC.



Principal Place of Business  
1790 WEST 49TH ST  
#400-3  
HIALEAH, FL 33012

Mailing Address  
2348 WEST 66TH PL  
HIALEAH, FL 33016

2. Principal Place of Business - No P.O. Box #  
7223 CORAL WAY  
Suite, Apt. #, etc.

3. Mailing Address  
7223 CORAL WAY  
Suite, Apt. #, etc.

City & State  
MIAMI FL  
Zip 33155 Country FL

City & State  
MIAMI FL  
Zip 33155 Country

4. FEI Number  
01-0643944

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LOURIDO, JAVIER  
2348 WEST 66TH PL  
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name Address only  
Street Address (P.O. Box Number is Not Acceptable)  
52 SW 134 CT  
City MIAMI FL Zip Code 33184

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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LOURIDO, JAVIER  
STREET ADDRESS 2348 WEST 66TH PL  
CITY-ST-ZIP HIALEAH, FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 52 SW 134 CT  
STREET ADDRESS  
CITY-ST-ZIP MIAMI FL 33184 ☒ Change ☐ Addition

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

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

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

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

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

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 another like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 JAN 23 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600141893716  
01/26/09--01002--008 \*\*300.00



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