2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000046115

1. Entity Name
PROFESSIONAL CARE DIAGNOSTIC, INC.

Principal Place of Business	Mailing Address
7821 CORAL WAY 127 MIAMI, FL 33155	7821 CORAL WAY 127 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

02012004 No Chg-P CR2E034 (10/03)

4. FEI Number
82-0541561

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, MANUEL A
7160 NW 179 ST APT 110
MIAMI, FL 33015

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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

U00000090457
03/17/04-80020-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIAZ, MANUEL A
STREET ADDRESS	7160 NW 179 ST APT 110
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	VTS
NAME	DIAZ, MANUEL A
STREET ADDRESS	7160 NW 179 ST APT 110
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TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: M Diaz 03/11/04. 305-261-1412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #