

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90244 041 ***150.00

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1. Entity Name

GIJE DIAGNOSTIC CENTER INC.



Principal Place of Business

351 LEJEUNE RD #102
MIAMI FL 33126

Mailing Address

351 LEJEUNE RD #102
MIAMI FL 33126

2. Principal Place of Business

11790 SW 18 ST

3. Mailing Address

IDEM

Suite, Apt. #, etc.

530

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-0770137

Applied For

Not Applicable

Zip

33126

Country

E-V

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, MARGARITA
11790 SW 18 ST #530
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME VAZQUEZ, MARGARITA
STREET ADDRESS 351 LEJEUNE RD #102
CITY-ST-ZIP MIAMI FL 33126

TITLE VD ☒ Delete
NAME ROSSELL, ROBERTO
STREET ADDRESS 351 LEJEUNE RD #102
CITY-ST-ZIP MIAMI FL 33126

TITLE TD ☒ Delete
NAME MARTINEZ, LAZARO
STREET ADDRESS 351 LEJEUNE RD #102
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VAZQUEZ, MARGARITA
STREET ADDRESS 11790 SW 18 ST #530
CITY-ST-ZIP MIAMI FL 33175

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/04

(305) 220-7364