2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000115260

1. Entity Name



FILED Apr 30, 2005 08:00 AN Secretary of State

AVENTURA DIAGNOSTIC TESTING GROUP, INC.												
Principal Place of Business				Mailing Address								
1836 MONTE CARLO WAY CORAL SPRINGS FL 33071				1836 MONTE CARLO WAY CORAL SPRINGS FL 33071								
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1st MOORE CR2E034 (10/04)				
City & State			City	City & State				4. FEI Number 35-2186934 Applied For Not Applicable				
Zip	Country			Zip Cour				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			ditional	
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent				
							Name					
WEINBERG, STEVEN A FRANK, WEINBERG & BLACK, P.L. 7805 SW SIXTH CT						Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324						City					Z ₁ p Coo	lo.
			City	FL				= Zip Cou	ie			
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution Added to Fees												
10.	- Tayabio t	OFFICERS AND		NDS	11.			ADDITIONS	/CHANGES TO OFF	ICEDS AND	DIDECTOR	L INI S
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Tritt	DS			☐ Delete	TITLE		DP				Change	Addition
,	GOBSTEIN, HAROLD				NAM			STEPHEN E. CIANCIULLI				
, ,	STREET ADDRESS 1836 MONTE CARLO WAY CITY-SI-ZIP CORAL SPRINGS FL 33071			SIF			9485 SUNSET DR., STE. A 150					
	CORAL SP	MINGS FL 33071			-ŀ	-SI-Z/P	MIA	AMI, FL 3317	/3			
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NAME					NAM							
STREET ADDRESS CHY-ST-ZIP						ET ADORESS -ST-ZIP						
I	ertify that th	e information supplied wit	h thic filing	I does not qualify fo			ad in Sa	ction 110.07/21	(i) Florida Statutos	I further as	rtify that the	nformation
indicated of the corp	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.											

Howld Holston HAROLD GOBCTORN SEC Y SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR