


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90003 004 \*\*\*150.00

**DOCUMENT # P02000115260**  
 1. Entity Name  
**AVENTURA DIAGNOSTIC TESTING GROUP, INC.**



Principal Place of Business  
**1836 MONTE CARLO WAY**  
**CORAL SPRINGS, FL 33071**

Mailing Address  
**1836 MONTE CARLO WAY**  
**CORAL SPRINGS, FL 33071**

**JUUG1047**

**DO NOT WRITE IN THIS SPACE**



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>35-2186934</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WEINBERG, STEVEN A**  
**FRANK, WEINBERG & BLACK, P.L.**  
**7805 SW SIXTH CT**  
**PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CHAIRMAN</del> PRES CIANCIULLI, STEPHEN E 7400 SW 87 AVE STE 220A MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOBSTEIN, HAROLD 1836 MONTE CARLO WAY CORAL SPRINGS, FL 33071
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**DO NOT WRITE IN THIS SPACE**

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:** Harold Gobstein HAROLD GOBSTEIN 7/3/06 954 344 5149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #