

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

04-27-2005 90352 033 ***150.00

DOCUMENT # P03000043199 1. Entity Name MILLENNIUM RADIOLOGY, INC.					
Principal Place of Business 7360 CORAL WAY SUITE 27A MIAMI, FL 33155		Mailing Address 7360 CORAL WAY SUITE 27A MIAMI, FL 33155			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 06-1748537	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GUERRA, MARCOS A 3663 SW 8TH ST. SUITE 210 MIAMI, FL 33135			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 resigning) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DE CESPEDES, CARLOS 7360 CORAL WAY MIAMI, FL 33155	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD DE CESPEDES, JORGE 7360 CORAL WAY MIAMI, FL 33155	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PASCUAL-FERNANDEZ, ANA 7360 CORAL WAY MIAMI, FL 33155	☐ 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			
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		
4/21/05			305-261-6744		