


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90417 033 ***150.00

| | | |
|---|--|---|
| DOCUMENT # P03000055970 | |  |
| 1. Entity Name T & D MEDICAL DIAGNOSTIC CENTER, CORPORATION | | |

| | |
|--|--|
| Principal Place of Business 701 NW 57TH AVENUE OFICINA 350 MIAMI, FL 33126 | Mailing Address 701 NW 57TH AVENUE OFICINA 350 MIAMI, FL 33126 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 230 NW 72 AVE | 3. Mailing Address 230 NW 72 AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------|---------------------------------|
| City & State MIAMI FL | City & State MIAMI FL |
|---------------------------------|---------------------------------|

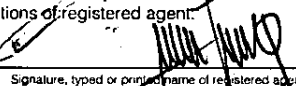
| | | | |
|---------------------|-----------------------|---------------------|---------|
| Zip 33126 | Country USA | Zip 33126 | Country |
|---------------------|-----------------------|---------------------|---------|

14014369



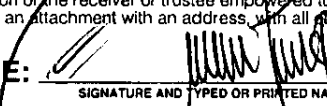
03292005 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent TELLEZ, LUIS F 701 NW 57TH AVENUE SUITE 350 MIAMI, FL 33126 | |
|---|--|

| | |
|--|--|
| 7. Name and Address of New Registered Agent Name LUIS F TELLEZ Street Address (P.O. Box Number is Not Acceptable) 230 NW 72 AVE City MIAMI FL Zip Code 33126 | |
| 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 3/29/05 | |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD TELLEZ, LUIS F 701 NW 57TH AVENUE STE 350 230 NW 72 AVE MIAMI, FL 33126 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARRA, ROOSEVELT 701 NW 57TH AVENUE 230 NW 72 AVE MIAMI, FL 33126 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SERNA, ROSA E 701 NW 57TH AVENUE 230 NW 72 AVE MIAMI, FL 33126 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | |
|---|-------------------------------------|
| 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:  | Date 3/29/05 Daytime Phone # |