## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2004 8:00 am Secretary of State 04-30-2004 90269 007 \*\*\*158.75

	DOCUMENT # P0300066507			04-30-2004 90269 007 ****158.75			
Entity Name SANTANA DIAGNOSTIC SERVICES CORP.							
Principal Place of •2342 SW 15-STR MIAMI, FL•3314	<del>(EET-</del>	Mailing Address 2342 SW 15 STREET MIAMI, FL 33145				,	
2. Principal Place /2855	5 W. 136 HVE	3. Mailing Address 12855 \$\infty\$. Suite. Apt. #, etc.	W. 136	AVE			
	12:	212.		04292004	Chg-P	CR2E034 (10/03)	
City & State		City & State.	FL.	4. FEI Numb	51-07877	/ 4 4	plied For at Applicable
73186	Country	33186	Country 45A		of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current Re	gistered Agent		7. Name and	Address of New Re	egistered Agent	
-DELVALLE, N	MANUEL-		Name	EL-VALI dress (P.O. Box Numb	E, MA	NUEL K	. •
<del>- 2342 SW 15 (</del> MIAMI, FL <del>-3</del> 3	<del>3TREET*</del> <del>3145-</del> :		Street Ad	dress (F.O. Box Numb	er is not acceptable	) 	
	**		120	35 5. W	1. 134	AVE # 2	2/2
- ;			City . 73	7/Am1_		FL   Zip 373	3186
	med entity submits this statement for the sof registered agent.	he purpose of changing its r	egistered office or i	registered agent, or bo	ith, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE	nature, typed or printed name of registered agent and	Ne Coll	<u></u>	e required when reinstating)		04/28)	104
Sign.	lature, typeu or printed rights of registered agent and	tille i applicatio. (NO 12.	LIGHTERS OF LIGHT SIGNATUR	6 reduired when remarkating)		UAIE /	, I
					<u> </u>	<del>/</del>	
FILE	NOW!!! FEE IS \$150.00 1, 2004 Fee will be \$550.00	Election Campaig     Trust Fund Contri		\$5.00 May Be Added to Fees			
FILE N After May	1, 2004 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contri	bution.	Added to Fees	/CHANGES TO OFF	CERS AND DIRECTOR	
After May  103  TITLE P  NAME D  STREET ADDRESS -25	1, 2004 Fee will be \$550.00	Trust Fund Contri	11.	Added to Fees		CERS AND DIRECTOR  Change  Change  33/8/2	S IN 11 Addition
After May  103  TITLE P  NAME D  STREET ADDRESS  CITY ST-ZIP M  TITLE	OFFICERS AND D  TD  ELVALLE, MANUEL M  342 SW 15 STREET IIIAMI, FL -32145	Trust Fund Contri	bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS		711	
After May  101  TITLE P  NAME D  STREET ADDRESS -25  CITY-ST-ZIP M	OFFICERS AND D  TD  ELVALLE, MANUEL M  342 SW 15 STREET IIIAMI, FL -32145	Trust Fund Contri	bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS		☐ Change	Addition
After May  103  TITLE P NAME D STREET ADDRESS CITY-ST-ZIP M  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D  TD  ELVALLE, MANUEL M  342 3W 15 STREET-  IIAMI, FL -33145	Trust Fund Contri	bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS		□ Change 1	Addition  12  Addition  2.12
After May  103  TITLE P NAME STREET ADDRESS CITY-ST-ZIP M  TITLE NAME STREET ADDRESS	OFFICERS AND D  TD  ELVALLE, MANUEL M  342 SW 15 STREET IIIAMI, FL -32145	Trust Fund Contri	bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS		☐ Change	Addition  /2  Addition
After May  103  TITLE P NAME D STREET ADDRESS CITY-ST-ZIP M  TITLE  TITLE  TITLE  TITLE	OFFICERS AND D  TD  ELVALLE, MANUEL M  342 3W 15 STREET-  IIAMI, FL -33145	Trust Fund Contri	bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Added to Fees ADDITIONS		□ Change 1	Addition  12  Addition  2.12
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After May  103  TITLE P NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D  TD  ELVALLE, MANUEL M  342 3W 15 STREET-  IIAMI, FL -33145	Trust Fund Contri	bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS		□ Change    1	Addition  Addition  Addition  Addition
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After May  103  TITLE P NAME STREET ADDRESS CITY-ST-ZIP  MITTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	OFFICERS AND D TD ELVALLE, MANUEL M 342 3W 15 STREET- IIAMI, FL -32145	Trust Fund Contri	DUTION.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS		□ Change    1	Addition  Addition  Addition  Addition
After May  After May  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D TD ELVALLE, MANUEL M 342 SW 15 STREET- IIAMI, FL -32146	Trust Fund Contri	bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS		Change  33/86  Change  Change  Change	Addition  /2  Addition  / Addition  Addition
After May  101  TITLE POPULATION OF THE POPULATI	OFFICERS AND D TD ELVALLE, MANUEL M 342 3W 15 STREET- IIAMI, FL -32145	Trust Fund Contri	DUTION.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS		Change  33/86 Change  Change  Change	Addition  /2  Addition  Addition  Addition
After May  After May  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D TD ELVALLE, MANUEL M 342 SW 15 STREET- IIAMI, FL -32146	Trust Fund Contri	bution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS		Change  33/86  Change  Change  Change	Addition  /2  Addition  / Addition  Addition
After May  101  TITLE PARTY POPULATION POPUL	OFFICERS AND D TD ELVALLE, MANUEL M 342 SW 15 STREET- IIAMI, FL -32146	Trust Fund Contri	DUTION.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS		Change  33/86 Change  Change  Change	Addition  /2  Addition  Addition  Addition

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.

TEO NAME OF SIGNING OFFICER OR DIRECTOR