


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90361 004 \*\*\*150.00

<b>DOCUMENT # P03000067767</b> 1. Entity Name <b>INSTITUTE OF DIAGNOSTIC STUDIES, INC.</b>					
Principal Place of Business <b>13926 SW 47 STREET 2ND FLOOR MIAMI FL 33175</b>			Mailing Address <b>13926 SW 47 STREET 2ND FLOOR MIAMI FL 33175</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GREEN, JERRY 9200 SOUTH DADELAND BLVD STE 700 MIAMI FL 33156</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Antonio Mattia</b>	
STREET ADDRESS			STREET ADDRESS	<b>13926 SW 4TH ST</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Miami, FL 33175</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Vice President</b>	
STREET ADDRESS			STREET ADDRESS	<b>MARC A. MATTIA</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>13926 SW 4TH ST</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>ELVA MATTIA</b>	
STREET ADDRESS			STREET ADDRESS	<b>SECRETARY</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>13926 SW 4TH ST</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>TREASURER</b>	
STREET ADDRESS			STREET ADDRESS	<b>MICHAEL A. MATTIA</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>13926 SW 4TH ST</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/16/04</b> Daytime Phone #: <b>305-551-2240</b>		