

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90067 034 ***158.75

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1. Entity Name
INSTITUTE OF DIAGNOSTIC STUDIES, INC.



Principal Place of Business
13926 SW 47 STREET 2ND FLOOR
MIAMI, FL 33175

Mailing Address
13926 SW 47 STREET 2ND FLOOR
MIAMI, FL 33175

50014833



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0837388

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, JERRY
9200 SOUTH DADELAND BLVD STE 700
MIAMI, FL 33156

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	P
NAME	MATTIA, ANTONIO
STREET ADDRESS	13926 SW 47TH ST
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	VP
NAME	MATTIA, MARC A
STREET ADDRESS	13926 SW 47TH ST
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	S
NAME	MATTIA, ELVA
STREET ADDRESS	13926 SW 47TH ST
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	T
NAME	MATTIA, MICHAEL A
STREET ADDRESS	13926 SW 47TH ST
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:

Antonio Mattia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1/25/05** Daytime Phone # **305-551-2240**