

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077534

FILED  
Mar 08, 2004  
Secretary of State

Entity Name: ALL REGION DIAGNOSTIC GROUP, INC.

## Current Principal Place of Business:

3200 NE 14 ST  
POMPANO BCH, FL 33062

## New Principal Place of Business:

7050 NW 4 ST  
PLANTATION, FL 33317

## Current Mailing Address:

3200 NE 14 ST  
POMPANO BCH, FL 33062

## New Mailing Address:

PO BOX 16477  
PLANTATION, FL 33318

FEI Number: 30-0199839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDRICH, DONALD S  
3200 NE 14 ST  
POMPANO BCH, FL 33062 US

## Name and Address of New Registered Agent:

RIVERA, ROBERTO  
7050 NW 4 ST SUITE 202  
PLANTATION, FL 33317 US

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.

SIGNATURE: ROBERTO RIVERA

03/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RIVERA, MALYNES  
Address: 3200 NE 14 ST  
City-St-Zip: POMPANO BCH, FL 33062

Title: D ( ) Delete  
Name: RIVERA, MALYNES  
Address: 3200 N.E. 14TH STREET  
City-St-Zip: POMPANO BEACH, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RIVERA, MALYNES  
Address: 7050 NW 4 ST #202  
City-St-Zip: PLANTATION, FL 33317

Title: D (X) Change ( ) Addition  
Name: RIVERA, ROBERTO DR  
Address: 7050 NW 4 ST #202  
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO RIVERA

DR

03/08/2004

Electronic Signature of Signing Officer or Director

Date