

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077534

Entity Name: ALL REGION DIAGNOSTIC GROUP, INC.

FILED
Jun 28, 2005
Secretary of State

Current Principal Place of Business:

7050 NW 4 ST
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

PO BOX 16477
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 30-0199839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: D () Delete
Name: IRLANDA, AMALIA I
Address: 7050 NW 4 ST #202
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

D

06/28/2005

Electronic Signature of Signing Officer or Director

Date