

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-25-2004 90011 022 ***150.00

DOCUMENT # P03000098699 1. Entity Name EXCELLENCE DIAGNOSTIC CORPORATION			
Principal Place of Business 1255 WEST 46TH STREET STE 7A HIALEAH, FL 33012		Mailing Address 1255 WEST 46TH STREET STE 7A HIALEAH, FL 33012	
2. Principal Place of Business 11300 NW 87 CT Suite, Apt. #, etc. #142		3. Mailing Address 11300 NW 87 CT Suite, Apt. #, etc. #142	
City & State Hialeah Gardens, FL		City & State Hialeah Gardens, FL	
Zip 33018 Country U.S.A		Zip 33018 Country U.S.A	
4. FEI Number 20-0212491		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01102004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LIBERTY BUSINESS SERVICES, INC. 8202 NW 103RD STREET HIALEAH GARDENS, FL 33016		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIDALGO, JUANA M 7439 WEST 22ND AVE #104 HIALEAH, FL 33016	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	☐ Change ☐ Addition
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: <u><i>J. Hidalgo</i></u>		Date: <u>1-12-04</u> Daytime Phone #: <u>(305) 828-4201</u>	