

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129030

FILED
Apr 27, 2004
Secretary of State

Entity Name: TWO RIVERS DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

7850 SW 20TH STREET
MIAMI, FL 33155

New Principal Place of Business:

2810 MANATEE AVENUE EAST
BRADENTON, FL 34208

Current Mailing Address:

7850 SW 20TH STREET
MIAMI, FL 33155

New Mailing Address:

2810 MANATEE AVENUE EAST
BRADENTON, FL 34208

FEI Number: 20-0405520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMON, ARTURO T
Address: 7850 SW 20TH STREET
City-St-Zip: MIAMI, FL 33155

Title: SVD () Delete
Name: SIMON, BARBARA
Address: 7850 SW 20TH STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ARTURO T. SIMON

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date