

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134704

FILED
Apr 30, 2004
Secretary of State

Entity Name: DIAGNOSTIC INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

690 E. 49TH STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

690 E. 49TH STREET
HIALEAH, FL 33012

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, IRA R
16375 NORTHEAST 18TH AVENUE, SUITE 225
NORTH MIAMI BEACH, FL 33162 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: D () Delete
Name: ACHONG, GUILLERMO
Address: 690 E. 49TH STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GUILLERMO ACHONG

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date