

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000134704

**FILED**  
**Nov 08, 2005**  
**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:**

15495 EAGLE NEST LANE  
SUITE 130  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

690 E. 49TH STREET  
HIALEAH, FL 33012

**New Mailing Address:**

15495 EAGLE NEST LANE  
SUITE 130  
MIAMI LAKES, FL 33014

**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: GUILLERMO ACHONG

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

MR

11/08/2005

Electronic Signature of Signing Officer or Director

Date