# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# P04000063245

**Entity Name:** WOMEN'S DIAGNOSTICS CENTER OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

9000 SW 87TH COURT
SUITE 217
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9000 SW 87TH COURT
SUITE 217
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number: 20-1074133** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUILLERMO ANDRADE, CPA, P.A.
255 ALHAMBRA CIRCLE
SUITE 720
CORAL GABLES, FL 33134 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: P ( ) Delete
Name: CHAMBLESS, MADELEINE
Address: 9000 SW 87TH COURT #217
City-St-Zip: MIAMI, FL 33176

**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 exemption stated in Chapter 119, 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: MADELEINE CHAMBLESS P 05/01/2009

Electronic Signature of Signing Officer or Director — Date