

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068503

FILED
Jul 24, 2005
Secretary of State

Entity Name: LEE DIAGNOSTIC MEDICAL CENTER, INC.

Current Principal Place of Business:

515 S.W. 12TH AVENUE
SUITE 519
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

515 S.W. 12TH AVENUE
SUITE 519
MIAMI, FL 33130

New Mailing Address:

FEI Number: 05-0602069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENARANDA, JOSE LUIS
515 S.W. 12TH AVENUE
SUITE 519
MIAMI, FL 33130 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: D () Delete
Name: PENARANDA, JOSE LUIS
Address: 515 S.W. 12TH AVENUE SUITE 519
City-St-Zip: MIAMI, FL 33130

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: JOSE LUIS PENARANDA

D

07/24/2005

Electronic Signature of Signing Officer or Director

Date