

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90050 042 ***150.00

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1. Entity Name

REMEDIOS DIAGNOSTIC CENTER, CORP.



Principal Place of Business

11300 NW 87 COURT STE 167
HIALEAH GARDEN FL 33018

Mailing Address

11300 NW 87 COURT STE 167
HIALEAH GARDEN FL 33018

2. Principal Place of Business

11300 NW 87 CT

3. Mailing Address

Suite, Apt. #, etc.

167

City & State

HIALEAH GARDENS, FL

City & State

Zip

33018

Country

034

Country

4. FEI Number

20-1714814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

MUSE, YORDANY
121 S.W. 72 AVE.
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name YORDANY MUSE

Street Address (P.O. Box Number is Not Acceptable)

121 SW 72 AV

City MIAMI

FL

Zip Code 33

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01.24.05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MUSE, YORDANY
STREET ADDRESS 121 S.W. 72 AVE.
CITY-ST-ZIP MIAMI FL 33144

TITLE VD ☐ Delete
NAME HALL, WILLIAM A
STREET ADDRESS 11300 SW 87 CT., STE. 167
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE-PRESIDENT ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.24.05 (305) 231-6131

Date

Daytime Phone #