2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000137295

1. Entity Name
REMEDIOS DIAGNOSTIC CENTER, CORP.

Principal Place of Business	Mailing Address
11300 NORTHWEST 87 COURT SUITE 167 HIALEAH GARDEN, FL 33018	11300 NW 87 COURT STE 167 HIALEAH GARDEN, FL 33018

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1714814
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, WILLIAM
11300 SW 87 CT STE 167
HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000429814
02/16/06-80010-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALL, WILLIAM A
STREET ADDRESS	11300 SOUTHWEST 87 COURT STE 167
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
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CITY-ST-ZIP	

U00000429814
02/22/06-80027-025 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: (X) William Hall President 01/31/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #