

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90161 030 \*\*\*150.00

**DOCUMENT # P05000010240**

1. Entity Name  
**MED DIAGNOSTIC CENTER, INC.**



Principal Place of Business

2455 SW 27TH AVENUE  
SUITE 110  
MIAMI, FL 33145

Mailing Address

2455 SW 27TH AVENUE  
SUITE 110  
MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2218786**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, XAVIER L.  
300 SEVILLA AVENUE, SUITE 210  
CORAL GABLES, FL 33134

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARCIA, CARLOS  
STREET ADDRESS 2455 SW 27TH AVENUE, STE. 110  
CITY-ST-ZIP MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: \_\_\_\_\_

*Xavier L. Suarez, PCA Advisor 4/23/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 4825393