


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90013 022 \*\*\*158.75

<b>DOCUMENT # P05000153409</b>	
1. Entity Name USA MEDICAL CENTER & DIAGNOSTIC, CORP.	

Principal Place of Business 5001 SW 117TH AVE. MIAMI, FL 33175	Mailing Address 5001 SW 117TH AVE. MIAMI, FL 33175
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2. Principal Place of Business - No P.O. Box # <b>3237 N.W. 7th St.</b>	3. Mailing Address <b>3237 N.W. 7th St</b>
Suite, Apt. #, etc. <b>Suite 101</b>	Suite, Apt. #, etc. <b>Suite 101</b>
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33125</b>	Country <b>USA</b>

07312007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3824636</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  QUINTERO, YOEL M 5001 SW 117TH AVE. MIAMI, FL 33175	7. Name and Address of New Registered Agent Name <b>DIEGO A. DIAZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>3237 N.W. 7th St. Suite 102</b> City <b>Miami</b> FL <b>33125</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINTERO, YOEL M 3900 N.W. 79TH AVE., SUITE 332 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIEGO A. DIAZ 3237 N.W. 7th St Suite 102 MIAMI FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P JUAN MESA. 3045 S.W. 108 PL. MIAMI FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R ROBERTO MARIANA 871 N.W. 17th St. MIAMI FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Diego A Diaz** **PARS** **7/31/07** **305-601-6553**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #