

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000004310

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** SIGMA DIAGNOSTIC SERVICES INC.

**Current Principal Place of Business:**

2141 SW 1ST STREET  
#110  
MIAMI, FL 33135

**New Principal Place of Business:**

2141 SW 1ST STREET  
110  
MIAMI, FL 33135 US

**Current Mailing Address:**

2141 SW 1ST STREET  
#110  
MIAMI, FL 33135

**New Mailing Address:**

2141 SW 1ST STREET  
110  
MIAMI, FL 33135 US

**FEI Number:** 45-2042198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIEPPA, ENNA  
2141 SW 1ST STREET  
110  
MIAMI, FL 33135 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: OLIVARES, ALIDA  
Address: 2141 SW 1ST STREET STE 110  
City-St-Zip: MIAMI, FL 33135 US

Title: D  
Name: OLIVARES, JUSTA GRACIELA  
Address: 2141 SW 1ST STREET STE 110  
City-St-Zip: MIAMI, FL 33135 US

I hereby 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 all other like empowered.

SIGNATURE: ALIDA OLIVARES

D

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date