

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000102999

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** CHIROMEDIC MOBILE DIAGNOSTICS, INC.

**Current Principal Place of Business:**

7801 SW 133 COURT  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

7801 SW 133 COURT  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 20-5344014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHAEL C COMPO P.A.  
697 N MIAMI AVENUE  
LOFT 1  
MIAMI, FL 33136 US

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

LISETH ARAYA  
7801 SW 133 COURT  
MIAMI, FL 33183 US

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: LISETH ARAYA

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARAYA, LISETH  
Address: 7801 SW 133 COURT  
City-St-Zip: MIAMI, FL 33183

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: LISETH ARAYA

PD

02/08/2012

Electronic Signature of Signing Officer or Director

Date