

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P06000120780

1. Entity Name  
MIA DIAGNOSTICS OF SOUTH FLORIDA CORP.



FILED

07 APR -5 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04042007 Chg-P CR2E034 (12/06)

Principal Place of Business

5600 SW 135 AVE.  
#106 REAR  
MIAMI, FL 33183

Mailing Address

5600 SW 135 AVE.  
#106 REAR  
MIAMI, FL 33183

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARDO, RAUL M  
9320 SW 45 TERR  
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name RAUL M. PARDO

Street Address (P.O. Box Number is Not Acceptable) 5600 SW 135 AVE #106 RE

City Miami

FL

Zip Code 33183

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/07

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
PARDO, RAUL M  
9320 SW 45 TERR  
MIAMI, FL 33165 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(Change Address only) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5600 SW 135 AVE #106 RE  
MIAMI FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100096384031  
04/11/07--01005--014 \*\*150.00 ☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 (786) 262-6143

Date

Daytime Phone #