

**2008 FOR PROFIT CORPORATION  
REINSTATEMENT**

DOCUMENT # P06000120780

1. Entity Name  
MIA DIAGNOSTICS OF SOUTH FLORIDA CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT 30 PM 1:15

Principal Place of Business  
9745 SW 72 ST. #115  
MIAMI, FL 33173

Mailing Address

9745 SW 72 ST. #115  
MIAMI, FL 33173

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282008 REIN-P CR2E098 (1/07)

4. FEI Number

30-0381940

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

Name

Street Address (P.O. Box Number is Not Acceptable)

9745 SW 72 ST #115

City

FL

Zip Code

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

*Raul M. Pardo*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/22/08  
DATE

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE DP  Delete  
NAME PARDO, RAUL M  
STREET ADDRESS 5600 SW 135 AVE. #106 R  
CITY-ST-ZIP MIAMI, FL 33183

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
NAME 9745 SW 72 ST #115  
STREET ADDRESS *MIAMI, FL 33173*  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME 000137621660  
STREET ADDRESS *11/04/08-01031--011*  
CITY-ST-ZIP *\*\*\$150.00*

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Raul M. Pardo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/08  
Date

(786) 262-6143  
Daytime Phone #