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Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90003 012 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000001901

1. Entity Name
IRE DIAGNOSTIC CENTER INC

4

Principal Place of Business
~~551 WEST 51 PL~~
~~204~~
~~HIALEAH, FL 33012~~

Mailing Address
~~551 WEST 51 PL~~
~~204~~
~~HIALEAH, FL 33012~~

04172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 1455 N. TREASURE DR	3. Mailing Address 1455 N. TREASURE DR
Suite, Apt. #, etc. 4N	Suite, Apt. #, etc. 4N
City & State NORTH MIAMI VILLAGE	City & State NORTH MIAMI VILLAGE
Zip 33141 Country DADE	Zip 33141 Country DADE

4. FEI Number 20-8182449 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~REMY, ALAIN~~
~~245 SW 120 AVE~~
~~MIAMI, FL 33184~~

7. Name and Address of New Registered Agent
Name ROCHE, RAFAEL
Street Address (P.O. Box Number is Not Acceptable) 1455 N TREASURE Dr #4N
City North Miami Village FL Zip Code 33141

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 RRoche 4/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REMY, ALAIN 245 SW 120 AVE MIAMI, FL 33184	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROCHE, RAFAEL 1455 N TREASURE Dr. # 4N NORTH MIAMI VILLAGE, Fl 33141	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: RRoche 4/23/08 (305)823 3106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR