

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024662

FILED
Jul 11, 2008
Secretary of State

Entity Name: RESPIRATORY & DIAGNOSTIC CENTER OF FLORIDA, CORP.

Current Principal Place of Business:

1152 WEST 68 STREET
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1152 WEST 68 STREET
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 20-8517144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, IVAN
1090 WEST 71 STREET
HIALEAH, FL 33014 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, IVAN
Address: 1090 WEST 71 STREET
City-St-Zip: HIALEAH, FL 33014 US

Title: VP () Delete
Name: VAZQUEZ, ROGER
Address: 6910 WEST 2ND COURT
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IVAN RODRIGUEZ

PRES

07/11/2008

Electronic Signature of Signing Officer or Director

Date