## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000092423

Address:

City-St-Zip:

5055 NW 102ND WAY

PLANTATION, FL 33320

Entity Name: PROFESSIONAL DIAGNOSTIC READING, INC.

FILED Oct 07, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
7027 WEST BROWARD BLVD # 195 PLANTATION, FL 33317		2800 NORTH MILITARY T SUITE 108 WEST PALM BEACH, FL	
Current Mailing Address:		New Mailing Address:	
PLANTATION, FL 33317		2800 NORTH MILITARY TRAIL SUITE 108 WEST PALM BEACH, FL 33409	
FEI Number: 26-0750782	FEI Number Applied For ( ) FEI N	umber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
MARIN, IRIS D 7027 WEST BROWARD E PLANTATIO, FL 33317		MARIN, IRIS D 2800 NORTH MILITARY <sup>T</sup> SUITE 108 WEST PALM BEACH, FL	· · · · · <del>·</del>
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: IRIS MARII	N		10/07/2009
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:		ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:

Title: DPST Title: () Change () Addition ( ) Delete MARIN, IRIS D Name: Name: 20343 NW 56TH COURT Address: Address: City-St-Zip: MIAMI, FL 33013 City-St-Zip: Title: DVP () Delete Title: () Change () Addition RIVERA, ROBERTO Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: IRIS MARIN DPST 10/07/2009