

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000030289

FILED  
Feb 14, 2012  
Secretary of State

**Entity Name:** MONZON MEDICAL DIAGNOSTIC, CORP.

**Current Principal Place of Business:**

4890 NW 7ST  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

4890 NW 7ST  
MIAMI, FL 33126 US

**New Mailing Address:**

300 NW 86 PL.  
MIAMI, FL 33126 US

**FEI Number:** 26-4665672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROYO, JOSE M MR  
19430 SW 114 AVE  
MIAMI, FL 331175 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

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: SALAZAR, ARMANDO SR  
Address: 6212 SW 107 AVE  
City-St-Zip: MIAMI, FL 33173 US

Title: DIR  
Name: JOSE, ROYO MR  
Address: 6212 SW 107 AVE  
City-St-Zip: MIAMI, FL 33173 US

Title: DIR  
Name: MONZON, PABLO J SR.  
Address: 300 NW 86 PL  
City-St-Zip: MIAMI, FL 33126 US

I hereby 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 all other like empowered.

SIGNATURE: PABLO J. MONZON

DIR

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date