

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000076494

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** THERAPY-DIAGNOSTIC, TECH MEDICAL INC

**Current Principal Place of Business:**

5870 SW 8 ST #2  
MIAMI, FL 33144

**New Principal Place of Business:**

6620 S POINT DR  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5870 SW 8 ST #2  
MIAMI, FL 33144

**New Mailing Address:**

PO BOX 4911  
TAMPA, FL 33677

**FEI Number:** 45-3121308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIEGUEZ, CARLOS  
5870 SW 8 ST #2  
MIAMI, FL 33144 US

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

PEREZ-RAMOS, TOMAS  
1841 CRYSTAL GROVE DR  
LAKELAND, FL 33801 US

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:** TOMAS PEREZ-RAMOS

02/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PEREZ-RAMOS, TOMAS M  
**Address:** 1841 CRYSTAL GROVE  
**City-St-Zip:** LAKELAND, FL 33801

**Title:** VP  
**Name:** MAYORAL, HECTOR  
**Address:** 156 DOUGLAS RD W APT D  
**City-St-Zip:** OLDSMAR, FL 34767

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:** TOMAS PEREZ-RAMOS

P

02/16/2012

Electronic Signature of Signing Officer or Director

Date