

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000004750

FILED
Apr 28, 2009
Secretary of State

Entity Name: SHORES DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

8855 N.E. 2ND AVE.
EL PORTAL, FL 33138

New Principal Place of Business:

Current Mailing Address:

8855 N.E. 2ND AVE.
EL PORTAL, FL 33138

New Mailing Address:

FEI Number: 65-0384998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSMA, MIRNELLE
9711 SW 162 STREET
MIAMI, FL 33157 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSMA, MIRNELLE
Address: 9711 SW 162 STREET
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: JOSMA, SUPREME
Address: 9711 SW 162 STREET
City-St-Zip: MIAMI, FL

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: MIRNELLE JOSMA

_____ Electronic Signature of Signing Officer or Director

P

04/28/2009

_____ Date