

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000004750

**FILED**  
**Apr 30, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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: MIRNELLE JOSMA

P

04/30/2011

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

\_\_\_\_\_ Date