

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000022238

1. Entity Name
CONCEPT MEDICAL DIAGNOSTIC CENTER, INC.



Principal Place of Business
2290 10TH AVE, NORTH
STE 100
LAKE WORTH, FL 33461 US

Mailing Address
2290 10TH AVE, NORTH
STE 100
LAKE WORTH, FL 33461 US

DO NOT WRITE IN THIS SPACE



07272005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0408611

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ
3801 PGA BLVD.
SUITE 802
WEST PALM BEACH, FL 33410

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	HOFFMAN, MICHAEL D
STREET ADDRESS	393 MALLARD POINT
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	DP
NAME	SARNER, RICHARD A M.D.
STREET ADDRESS	168 COMMODORE DRIVE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	DCFO
NAME	SAUL, NEAL G
STREET ADDRESS	11 RABBITS RUN
CITY-ST-ZIP	WEST PALM BEACH, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000378253
09/13/05-80002-006 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/05
Date

561-540-2700
Daytime Phone