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Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State\*
DIVISION OF CORPORATIONS

## DOCUMENT # P94000017397 (8)

LIFELINE DIAGNOSTIC OF SOUTH FLORIDA, INC.

FILED
Feb 04 1997 8:00am
Secretary of State

•	ace of Business	Mailing Address				
4575 N. W. 7 MIAMI FL 331		4575 N. W. 7TH STREET MIAMI FL 33126-2306				
					3. Date Incorporated or Qualified 02/28/1994	3e. Date of Last Report 02/08/1996
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0490415	Not Applicabl
Suite, Ap	ot #, eta	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & St 23	28				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has fiability for in	
24	25	29	30			Yes No
	g. Name and Address of Curren	t Registered Agent		241-2	10. Name and Address of New Rec	Istered Agent
	GUEREDO, ARMANDO JOSE			81 Name		
4575 N. W. 7TH STREET				82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)
ML	AMI FL 33126					
				83		
				84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes office or registered agent, or both, in the State of Florida, Such change was aut					Property of the state of the st	
office o agent. SIGNATURI	Lam lamiliar with land accept the obligi E	ations of Section 607.0505,	Florida Stat	utes.	_	t the appointment as registered
	Signature, typed or conted trace of registered tigs			l Agent signature requ	•	DATE
12.	OFFICERS AND	DIDIRECTORS DECETE	13.	n.r. T	ADDITIONS/CHANGES TO OFFIC	Change Addition
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14. I do nereby certify that the information supplied with this fring does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR CHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day-me Phone #