

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 30, 2006 8:00 am
Secretary of State

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01242006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000017397			
1. Entity Name LIFELINE DIAGNOSTIC OF SOUTH FLORIDA, INC.			
Principal Place of Business 4011 SW 129TH AVENUE MIAMI, FL 33175 US		Mailing Address 4011 SW 129TH AVENUE MIAMI, FL 33175 US	
2. Principal Place of Business 5959 COLLINS AVE		3. Mailing Address 5959 COLLINS AVE.	
Suite, Apt. #, etc. # 1503		Suite, Apt. #, etc. # 1503	
City & State MIAMI BEACH, FLA.		City & State MIAMI BEACH, FLA.	
Zip 33140		Zip 33140	
Country USA		Country USA	
4. FEI Number 65-0490415		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGUEREDO, ARMANDO JOSE 4011 SW 129TH AVENUE MIAMI, FL 33175		7. Name and Address of New Registered Agent Name: FIGUEREDO, ARMANDO JOSE Street Address (P.O. Box Number is Not Acceptable): 5959 COLLINS AVE. # 1503 City: MIAMI BEACH FL Zip Code: 33140	
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: <u>ARMANDO J. FIGUEREDO</u> DATE: <u>1/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEREDO, ARMANDO JOSE 4011 SW 129TH AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEREDO, ARMANDO JOSE 5959 COLLINS AVE. # 1503 MIAMI BEACH, FLA. 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>ARMANDO J. FIGUEREDO</u>		Date: <u>1/26/06</u> Daytime Phone #: <u>(305) 216-0012</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	