

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-30-2006 90055 009 ***150.00

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| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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> (305) 216-0012 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |