

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017397

FILED
Jan 09, 2008
Secretary of State

Entity Name: LIFELINE DIAGNOSTIC OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

5959 COLLINS AVE
#1503
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

5959 COLLINS AVE
#1503
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0490415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIGUEREDO, ARMANDO JOSE
5959 COLLINS AVE #1503
SAINT PETERSBURG, FL 33740 US

Name and Address of New Registered Agent:

FIGUEREDO, ARMANDO J
5959 COLLINS AVE
#1503
MIAMI BEACH, FL 33140 US

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: ARMANDO J. FIGUEREDO

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIGUEREDO, ARMANDO JOSE
Address: 5959 COLLINS AVE. #1503
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD () Delete
Name: FIGUEREDO, ESTHER
Address: 5959 COLLINS AVE #1503
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FIGUEREDO, ARMANDO J
Address: 5959 COLLINS AVE., #1503
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD (X) Change () Addition
Name: FIGUEREDO, ESTHER
Address: 5959 COLLINS AVE., #1503
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARMANDO J. FIGUEREDO

PD

01/09/2008

Electronic Signature of Signing Officer or Director

Date