

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000059383

1. Entity Name
THERA-DIAGNOSTICS & MEDICAL SUPPLIES, INC.



Principal Place of Business
**2700 W OAKLAND PARK BLVD
STE 18-A
FT LAUDERDALE, FL 33311 US**

Mailing Address
**2700 W OAKLAND PARK BLVD
STE 18-A
FT LAUDERDALE, FL 33311 US**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0512487

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HIRSCHENSON, HAROLD
3659 NW 91ST LN
SUNRISE, FL 33351**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000108545
04/12/04 80007-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIRSCHENSON, HAROLD 3659 NW 91ST LN SUNRISE, FL
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**DO NOT WRITE
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)(i), 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

DATE

Daytime Phone # _____