


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000059383</b> 1. Entity Name THERA-DIAGNOSTICS & MEDICAL SUPPLIES, INC.	
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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
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09022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0512487	Applied For Not Applicable
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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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIRSCHENSON, HAROLD 3659 NW 91ST LN SUNRISE, FL
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100000378206  
09/12/05-80003-006 150.00

**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 #

*Harold Hirschenson* 9/7/05 305-941-9292