

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000059383

1. Entity Name

THERA-DIAGNOSTICS & MEDICAL SUPPLIES, INC.



Principal Place of Business

17555 COLLINS AVE
APT. 2202
SUNNY ISLES BEACH FL 33160
US

Mailing Address

17555 COLLINS AVE
APT. 2202
SUNNY ISLES BEACH FL 33160
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

HIRSCHENSON, HAROLD
17555 COLLINS AVE
APT. 2202
SUNRISE FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 filing this report.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME HIRSCHENSON, HAROLD
STREET ADDRESS 17555 COLLINS AVE, #2202
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000814604
02/13/08-80051-002 150.00

TITLE DVST ☐ Delete
NAME HIRSCHENSON, DAVID
STREET ADDRESS 16425 COLLINS AVE, WS3A
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally signed by