


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90012 009 \*\*\*150.00

<b>DOCUMENT # P95000014910</b> 1. Entity Name <b>ST. LUCIE DIAGNOSTIC CENTER, INC.</b>					
Principal Place of Business <b>6638 SOUTH U.S. ONE PORT ST. LUCIE, FL 34952</b>			Mailing Address <b>6638 SOUTH U.S. ONE PORT ST. LUCIE, FL 34952</b>		
2. Principal Place of Business - No P.O. Box # <b>578 SW Sanctuary Drive</b>		3. Mailing Address <b>P.O. Box 880009</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Port St. Lucie, FL</b>		City & State <b>Port St. Lucie, FL</b>		4. FEI Number <b>65-0565419</b>	
Zip <b>34986</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAREKH, KISHOR 6638 SOUTH U.S. ONE PORT ST. LUCIE, FL 34952</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>578 SW Sanctuary Dr</b> City <b>FL</b> Zip Code <b>34986</b>		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAREKH, KISHOR 6638 S US HWY 1 PORT ST LUCIE, FL</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>P.O. Box 880009 Port St. Lucie, FL 34988</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: <u>Kishor Parekh Kishor Parekh</u> 3-14-07 772-708-6974</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					