

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000015561

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** DE LA PEDRAJA RADIOLOGY PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

4776 S.W. 8TH STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

4776 S.W. 8TH STREET  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0590587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEDRAJA, OSVALDO DE LA  
9300 SW 20 ST  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

LA PEDRAJA, OSVALDO DE LA  
9300 SW 20 ST  
MIAMI, FL 33165 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:** OSVALDO DE LA PEDRAJA

03/22/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DE LA PEDRAJA, OSVALDO SR  
**Address:** 9300 S.W. 20TH STREET  
**City-St-Zip:** MIAMI, FL 33165

**Title:** D  
**Name:** GOMEZ, NORMA  
**Address:** 9300 S.W. 20TH STREET  
**City-St-Zip:** MIAMI, FL 33165

**Title:** DVP  
**Name:** ALVAREZ, PEDRO  
**Address:** 9300 S.W. 20 ST.  
**City-St-Zip:** MIAMI, FL 33165

I hereby 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 all other like empowered.

**SIGNATURE:** OSVALDO DELAPEDRAJA

D

03/22/2010

Electronic Signature of Signing Officer or Director

Date