

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034615

**FILED**  
**May 02, 2005**  
**Secretary of State**

**Entity Name:** LOURDES MEDICAL & DIAGNOSTIC CLINIC, INC.

**Current Principal Place of Business:**

1325 S.W. 1ST STREET  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1325 S.W. 1ST STREET  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 65-0576997      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KABA, MOISES JR  
19402 NW 82 COURTH  
MIAMI, FL 33015 US

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

FEDERICO, DUMENIGO  
1325 S.W. 1ST STREET  
MIAMI, FL 33135 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: FEDERICO DUMENIGO      05/02/2005  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: DUMENIGO, FEDERICO A  
Address: 9220 S.W. 103 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: VPS (X) Delete  
Name: KABA, MOISES JR  
Address: 19402 N.W. 82 COURT  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FEDERICO A. DUMENIGO      PT      05/02/2005  
Electronic Signature of Signing Officer or Director      Date