


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000040588 1. Entity Name HEALTH SENTRY DIAGNOSTIC SERVICE, INC.	
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Principal Place of Business 1790 W 49TH STREET # 406 HIALEAH, FL 33012 US	Mailing Address 1790 W 49TH STREET # 406 HIALEAH, FL 33012 US
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0583242	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUTIERREZ, RICARDO 18893 2ND 26 ST MIRAMAR, FL 33029
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUTIERREZ, RICARDO 18893 SW 26TH ST MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HERR, MARIO 3512 WEST 71 TERRACE HIALEAH, FL 33018
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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03/08/04-80155-015 150.00

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 affidavit with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # _____