

**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.**



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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03022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0583242	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 GUTIERREZ, RICARDO  
 18893 2ND 26 ST  
 MIRAMAR, FL 33029

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000081587  
 03/08/04-80155-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_