

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043035

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** KENDALL REGIONAL RADIOLOGY & IMAGING ASSOCIATES, INC.

**Current Principal Place of Business:**

11750 SW 40 ST  
MIAMI, FL 331755605 US

**New Principal Place of Business:**

**Current Mailing Address:**

12095 SW 49TH ST  
MIAMI, FL 331755605 US

**New Mailing Address:**

**FEI Number:** 65-0590512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO, ALVARO  
1390 BRICKELL AVE  
MIAMI, FL 33131 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CALDERON, ROBERT  
Address: 12095 SW 49TH ST  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: OCON, EVARISTO  
Address: 4308 UNIVERSITY DR  
City-St-Zip: MIAMI, FL 33146

Title: D ( ) Delete  
Name: TELLERIA, JUAN  
Address: 9200 SW 101 ST  
City-St-Zip: MIAMI, FL 331763039

Title: D ( ) Delete  
Name: ASHOURI, MODAR  
Address: 6666 SW 115TH COURT, #108  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: BORRERO, GEORGE  
Address: 14838 SW 35 ST  
City-St-Zip: DAVIE, FL 33331

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

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

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

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

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 exemption stated 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 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: ROBERTO CALDERON

PRES

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date