

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014963

Entity Name: ABLE DIAGNOSTIC, INC.

FILED  
Jan 28, 2004  
Secretary of State

## Current Principal Place of Business:

4611 S UNIVERSITY DR  
#402  
DAVIE, FL 33328

## New Principal Place of Business:

9050 PINES BLVD  
#384  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

C/O BONNIE MILLER  
9050 PINES BLVD, #384  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 65-0643901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, CPA, BONNIE S  
9050 PINES BLVD.  
STE 384  
PEMBROKE PINES, FL 33024

## 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: PD ( ) Delete  
Name: SHAPIRIO, ALICE  
Address: 4611 S UNIVERISTY DR #402  
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete  
Name: FEDERICI, SANDRA  
Address: 4611 S UNIVERSITY DR #402  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: FEDERICI, SONDRRA  
Address: 4611 S UNIVERSITY DR #402  
City-St-Zip: DAVIE, FL 33328

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: SONDRRA FEDERICI

VP

01/28/2004

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

\_\_\_\_\_  
Date