

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000019673

FILED
Dec 08, 2006
Secretary of State

Entity Name: DOCTOR'S CHOICE DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

7171 CORAL WAY, SUITE 301
MIAMI, FL 33155

New Principal Place of Business:

7171 CORAL WAY
SUITE 301
MIAMI, FL 33155

Current Mailing Address:

7171 CORAL WAY, SUITE 301
MIAMI, FL 33155

New Mailing Address:

7171 CORAL WAY
SUITE # 301
MIAMI, FL 33155

FEI Number: 65-0649980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANDAZURI, DIANA PATRICIA
7171 CORAL WAY #301
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

LANDAZURI, DIANA PATRICIA
7171 CORAL WAY
SUITE # 301
MIAMI, FL 33155 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: DIANA PATRICIA LANDAZURI

12/08/2006

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: PD () Delete
Name: LANDAZURI, DIANA PATRICIA
Address: 7171 CORAL WAY, SUITE 301
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: FUENTES, LUIS R
Address: 7171 CORAL WAY, SUITE 301
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS RAUL FUENTES

VP

12/08/2006

Electronic Signature of Signing Officer or Director

Date