

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000019673

FILED
Jun 30, 2009
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:

Current Mailing Address:

7171 CORAL WAY
SUITE 301
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0649980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUENTES, LUIS RAUL
7171 CORAL WAY
SUITE 301
MIAMI, FL 33155 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

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: PDS () Delete
Name: FUENTES, LUIS RAUL
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: VPT () Change (X) Addition
Name: TORRES, ODALYS
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 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: ODALYS TORRES

VP

06/30/2009

Electronic Signature of Signing Officer or Director

_____ Date