2005 FOR PROFIT CORPORATION

SIGNATURE:

## Mar 07, 2005 8:00 am Secretary of State ANNUAL REPORT (AR) . 2/ **DOCUMENT # P99000024899** 02-01-2005 90041 036 \*\*\*150.00 STAT DIAGNOSTIC SERVICE, INC. Principal Place of Business Mailing Address 4471 N.W. 36 STREET 4471 N.W. 36 STREET **66003576** SUITE 245 MIAMI FL 33166 SUITE 245 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0903561 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENRIQUEZ, BERNARDINO P Street Address (P.O. Box Number is Not Acceptable) 12240 NW 7 TRAIL MIAMI FL 33182 City Zip Code 9. 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, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DALE ☐ Delete TITLE ☐ Change ☐ Addition NAME ENRIQUEZ, BERNARDINO P NAME 12240 NW 7 TRAIL STREET ADDRESS STREET ADDRESS CITY-SI-7P MIAMI FL 33182 C17-ST-77P TITLE Delete DTLE ☐ Change Addition KAME MASSE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP UNE TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. MILE ☐ Delete fift F Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defeta III F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-70P DILE Delete MILE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-70P 12. I hereby certify that the information supplied with this filing does not qualify 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 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 of trustee emplowered 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 address, with all other like empowered.

FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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