2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000068319

1. Entity Name
TRANS-IMAGING DIAGNOSTIC MEDICAL CENTER, CORP.

Principal Place of Business	Mailing Address
42 NW 27TH AVE 304A MIAMI, FL 33125	42 NW 27TH AVE 304A MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

04082005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1008407	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZO, JOSE W
42 NW 27TH AVE
SUITE 304A
MIAMI, FL 33125

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8. 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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LORENZO, JOSE W
STREET ADDRESS	11716 S.W. 143RD AVE
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/29/05-80023-019 150.00

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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 or trustee empowered 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.

SIGNATURE: _____ Date 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #