

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90462 050 ***150.00

DOCUMENT # S06153

1. Entity Name

P & V MEDICAL DIAGNOSTIC, INC.



Principal Place of Business

9360 SUNSET DRIVE
SUITE 234
MIAMI FL 33173
US

Mailing Address

P.O. BOX 441383
MIAMI FL 33144
US

2. Principal Place of Business

14833 S.W. 80 Street

3. Mailing Address

Suite, Apt. #, etc.

Apt. 101

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33193-1541

Country

Zip

Country

4. FEI Number

65-0227975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALCARCEL, GISELA
9360 SUNSET DRIVE STE 234-
MIAMI FL 33173

14833 SW 80 St.
Apt. 101
Miami, FL 33193

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME VALCARCEL, GISELA
STREET ADDRESS 9360 SUNSET DRIVE, SUITE 234
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☒ Delete
NAME VALCARCEL, GISELA
STREET ADDRESS 9360 SUNSET DRIVE, SUITE 234
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME Gisela Valcarcel
STREET ADDRESS 14833 SW 80 St. #101
CITY-ST-ZIP Miami, FL 33193-1541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Valcarcel, Alex
STREET ADDRESS 14833 SW 80 St., #101
CITY-ST-ZIP Miami, FL 33193-1541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

Gisela Valcarcel

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/15/04 (301) 710-8702

Date

Daytime Phone #