

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V44135

1. Entity Name
DIAGNOSTIC ULTRASOUND CENTER COMPANY



Principal Place of Business
310 NW 136TH AVE
MIAMI, FL 33182

Mailing Address
310 NW 136TH AVE
MIAMI, FL 33182

FILED
Mar 27, 2008 08:00 AM
Secretary of State



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0343039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, ARACLEY
310 NW 136TH AVE
MIAMI, FL 33182

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U000000871544
04/10/08-80002-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, ARACELY 310 NW 136TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOPEZ, ARACELY 310 NW 136TH AVE MIAMI, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-08 (305) 448-4580