

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603652

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC4809341698**

**Entity Name:** DE LA PEDRAJA RADIOLOGY ASSOCIATES, INC.

**Current Principal Place of Business:**

4790 S.W. 8TH ST.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4790 S.W. 8TH ST.  
CORAL GABLES, FL 33134

**FEI Number: 59-1422427**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DE LA PEDRAJA, OSVALDO  
4776 S.W. 8TH STREET  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title PD  
Name DE LA PEDRAJA, OSVALDO  
Address 9300 S.W. 20 ST.  
City-State-Zip: MIAMI FL 33165

Title DS  
Name ALVAREZ, PEDRO  
Address 9300 S.W. 20 ST.  
City-State-Zip: MIAMI FL 33165

Title DT  
Name GOMEZ, NORMA  
Address 9300 S.W. 20 ST.  
City-State-Zip: MIAMI FL 33165

*I hereby 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 all other like empowered.*

**SIGNATURE: PEDRO ALVAREZ**

**DS**

**01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date