

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K23255

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC6630185479**

**Entity Name:** CORAL WAY DIAGNOSTIC CENTER INC.

**Current Principal Place of Business:**

2295 CORAL WAY  
CORAL GABLES, FL 33145

**Current Mailing Address:**

2295 CORAL WAY  
CORAL GABLES, FL 33145

**FEI Number:** 65-0319139

**Certificate of Status Desired:** No

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

RICO, MANUEL I  
2295 CORAL WAY  
CORAL GABLES, FL 33145 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           PRES  
Name           RICO, MANUEL I  
Address        2295 CORAL WAY  
City-State-Zip: MIAMI FL 33145

Title           VP  
Name           PRADO, GLORIA M  
Address        2295 CORAL WAY  
City-State-Zip: MIAMI FL 33145

Title           VP  
Name           RICO, FRANCISCO J  
Address        2295 CORAL WAY  
City-State-Zip: CORAL GABLES FL 33145

Title           VP  
Name           RICO, CARLOS M  
Address        2295 CORAL WAY  
City-State-Zip: CORAL GABLES FL 33145

Title           VP  
Name           RICO, LILLY A  
Address        2295 CORAL WAY  
City-State-Zip: CORAL GABLES FL 33145

*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:** GLORIA M PRADO

VP

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date