

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L55392

**Entity Name:** CARDIOVASCULAR DIAGNOSTIC IMAGE INC.

**Current Principal Place of Business:**

7000 SW 62 AVE  
SUITE PH-L  
MIAMI, FL 33143

**Current Mailing Address:**

P. O. BOX 651068  
MIAMI, FL 33265 UN

**FEI Number:** 65-0177232

**Certificate of Status Desired:** No

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

MIRABOLO, EDELIO  
10621 N KENDALL DRIVE  
SUITE 104  
MIAMI, FL 33176 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 P  
Name MIRABOLO, EDELIO  
Address 10621 N KENDALL DRIVE, STE. 104  
City-State-Zip: MIAMI FL 33176

*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:** EDELIO MIRABOLO

**PRESIDENT**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date