

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000002692

**Entity Name:** MEDIMAX DIAGNOSTIC SERVICES INC**Current Principal Place of Business:**16 N BULOVA DR  
APOPKA, FL 32703**Current Mailing Address:**16 N BULOVA DR  
APOPKA, FL 32703**FEI Number:** 26-4081957**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDIZABAL, PEDRO  
1623 CHATHAM CIRCLE  
APOPKA, FL 32703 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 MENDIZABAL, PEDRO  
Address 1623 CHATHAM CIRCLE  
City-State-Zip: APOPKA FL 32703Title P  
Name MENDIZABAL, PEDRO  
Address 1623 CHATHAM CIR  
City-State-Zip: APOPKA FL 32703Title P  
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Name MENDIZABAL, PEDRO  
Address 1623 CHATHAM CIR  
City-State-Zip: APOPKA FL 32703Title P  
Name MENDIZABAL, PEDRO  
Address 1623 CHATHAM CIR  
City-State-Zip: APOPKA FL 32703

*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 MENDIZABAL**PRESIDENT****04/09/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date