

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002695

FILED
Jan 23, 2008
Secretary of State

Entity Name: DIAGNOSTIC EQUIPMENT SERVICE CORPORATION

Current Principal Place of Business:

124 MAIN STREET
NORFOLK, MA 02056

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 303
NORFOLK, MA 02056

New Mailing Address:

FEI Number: 04-2559700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CECCA, EILEEN C
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: TRS () Delete
Name: CECCA, EILEEN C
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: SEC () Delete
Name: CECCA, EILEEN C
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: DIR () Delete
Name: CECCA, EILEEN C
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: DIR () Delete
Name: CECCA, ROBERT A
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO () Change (X) Addition
Name: CECCA, ROBERT A
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EILEEN C. CECCA

PRES

01/23/2008

Electronic Signature of Signing Officer or Director

_____ Date