


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # H78563
 1. Entity Name
MOBILE DIAGNOSTICS, INC.



Principal Place of Business Mailing Address
 1717 N E STREET 1717 N "E" STREET
 320 STE 320
 PENSACOLA, FL 32501 US PENSACOLA, FL 32501 US

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2864191 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PORTER, JOHN
 1717 N E STREET
 320
 PENSACOLA, FL 32501

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, JOHN 1717 N "E" ST, STE 302 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LABAHN, JIM 1717 N "E" ST, STE 302 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGEE, ELEANOR 1717 N "E" ST, STE 302 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YADEN, DEBRA A 1717 N "E" ST, STE 302 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000306871
 04/15/05-80031-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra A. Yaden Date: 4/13/05 Daytime Phone #: 850/469-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR