

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78563

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: MOBILE DIAGNOSTICS, INC.

**Current Principal Place of Business:**

1717 N E STREET  
STE 320  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 N E ST  
STE 320 ATTN J KEHOE  
PENSACOLA, FL 32501 US

**New Mailing Address:**

1717 N E ST  
STE 320 ATTN MARY MATHEWS  
PENSACOLA, FL 32501 US

FEI Number: 59-2864191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PORTER, JOHN  
1717 N E STREET  
STE 320  
PENSACOLA, FL 32501 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: PD  
Name: PORTER, JOHN  
Address: 1717 NORTH E ST STE 320  
City-St-Zip: PENSACOLA, FL 32501 US

Title: VPD  
Name: LABAHN, JIM  
Address: 1717 NORTH E ST HEART CENTER  
City-St-Zip: PENSACOLA, FL 32501

Title: TD  
Name: MCGEE, ELEANOR  
Address: 1717 NORTH E ST STE 321  
City-St-Zip: PENSACOLA, FL 32501

Title: AS  
Name: PRESSLEY, JAN  
Address: 1717 NORTH E ST STE 320  
City-St-Zip: PENSACOLA, FL 32501

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: JAN PRESSLEY

AS

04/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date