

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000117078 1. Entity Name AMERIMED DIAGNOSTIC SERVICES, INC.	
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Principal Place of Business 1950 W. MARTIN LUTHER KING BLVD. TAMPA, FL 33607	Mailing Address 1950 W. MARTIN LUTHER KING BLVD. TAMPA, FL 33607
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04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3661952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**DO NOT WRITE IN THIS SPACE**

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, 2007 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	P MANSO, GUIDOVER 1950 W MARTIN LUTHER KING TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VINICIO, MARCOS 1950 W MARTIN LUTHER KING TAMPA, FL 33607
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U00000749510  
05/18/07-80024-024 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Guidover Date: 4/23/07 Daytime Phone #: (813) 877-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR