2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# P03000156239

Entity Name: E & E MEDICAL CENTER DIAGNOSTIC, INC.

Current Principal Place of Business:

515 SW 17 AVE., STE. 200
MIAMI, FL 33135

New Principal Place of Business:

7850 NW 146TH STREET
402
MIAMI LAKES, FL 33016

Current Mailing Address:

515 SW 17 AVE., STE. 200
MIAMI, FL 33135

New Mailing Address:

7850 NW 146TH STREET
402
MIAMI, FL 33016

FEI Number: 20-0511992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARABEO, ESTEBAN
515 SW 17 AVE
STE 200
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

CARABEO, ESTEBAN
7850 NW 146TH STREET
SUITE 402
MIAMI LAKES, FL 33016 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: ESTEBAN CARABEO 03/01/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: CARABEO, ESTEBAN
Address: 515 SW 17 AVE, STE. 200
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ESTEBAN CARABEO S 03/01/2006
Electronic Signature of Signing Officer or Director Date