2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# P04000123402

Entity Name: EAST COAST MEDICAL DIAGNOSTIC, INC.

Current Principal Place of Business:

1790 WEST 49TH STREET STE 406
HIALEAH, FL 33012

New Principal Place of Business:

110 ROYAL PALM RD
318
HIALEAH GARDENS, FL 33016 US

Current Mailing Address:

1790 WEST 49TH STREET STE 406
HIALEAH, FL 33012

New Mailing Address:

110 ROYAL PALM RD
318
HIALEAH GARDENS, FL 33016 US

FEI Number: 20-1547660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEDRAZA, LAZARO A
1790 WEST 49TH STREET STE 406
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

HOLKO, VIRGINIA R
110 ROYAL PALM RD
318
HIALEAH GARDENS, 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: VIRGINIA R HOLKO 03/23/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PEDRAZA, LAZARO A
Address: 1790 WEST 49TH STREET STE 404
City-St-Zip: HIALEAH, FL 33012

Title: VD (X) Delete
Name: HOLKO, VIRGINIA R
Address: 1790 WEST 49TH ST., STE 406
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOLKO, VIRGINIA R
Address: 110 ROYAL PALM RD # 318
City-St-Zip: HIALEAH GARDENS, FL 33016 US

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: VIRGINIA R HOLKO PD 03/23/2006
Electronic Signature of Signing Officer or Director Date