2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 24, 2008
Secretary of State

DOCUMENT# P04000123402

Entity Name: EAST COAST MEDICAL DIAGNOSTIC, INC.

Current Principal Place of Business:

1840 WEST 49TH ST.
SUITE 517
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

1840 WEST 49TH ST.
SUITE 517
HIALEAH, FL 33012 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GALINDO, MARITZA
1840 WEST 49TH ST.
SUITE 517
HIALEAH, FL 33012 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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: AMADO, GERALD
Address: 1840 WEST 49TH ST., STE 517
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GALINDO, MARITZA
Address: 1840 WEST 49TH ST., STE 517
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify 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: GERALD AMADO, MD VP 10/24/2008

Electronic Signature of Signing Officer or Director — Date