2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P05000147014

Entity Name: INTEGRATED MEDICAL DIAGNOSTICS, CORP.

Current Principal Place of Business:

307 S. BOULEVARD
SUITE B
TAMPA, FL 33606

New Principal Place of Business:

5523 RAWLS RD
TAMPA, FL 33625

Current Mailing Address:

307 S. BOULEVARD
SUITE B
TAMPA, FL 33606

New Mailing Address:

5523 RAWLS ROAD
TAMPA, FL 33625

FEI Number: 20-3731633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JANNOUN, SAEB
5523 RAWLS RD
TAMPA, FL 33625 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: PRES ( ) Delete
Name: JANNOUN, SAEB
Address: 5523 RAWLS RD
City-St-Zip: TAMPA, FL 33625

Title: DIR ( ) Delete
Name: COLLETT, BRUCE
Address: 307 S. BOULEVARD, SUITE B
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change ( ) Addition
Name: COLLETT, BRUCE
Address: 5523 RAWLS RD
City-St-Zip: TAMPA, FL 33625

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: SAEB JANNOUN D 04/27/2009
Electronic Signature of Signing Officer or Director Date