

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116070

FILED
Jan 28, 2008
Secretary of State

Entity Name: COMPLETE HEALTH DIAGNOSTIC & NUCLEAR SOLUTIONS INC

Current Principal Place of Business:

3970 W FLAGLER ST
STE 101
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

3970 W FLAGLER ST
STE 101
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-5531505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTILLA, GERARDO D
6366 SW 15TH ST
MIAMI, FL 33144 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: D () Delete
Name: PORTILLA, GERARDO
Address: 6366 SW 15 ST
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: FARIAS, EDGAR JOSE
Address: 10732 NW 69 TERRAS
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: FARIAS, ALEJANDRO JOSE
Address: 10732 NW 69 TERRAS
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARIAS, ALEJANDRO J
Address: 3970 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33134

Title: D (X) Change () Addition
Name: FARIAS, EDGAR JOSE
Address: 10732 NW 69 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: D (X) Change () Addition
Name: GERARDO, PORTILLA D
Address: 6366 SW 15TH ST
City-St-Zip: MIAMI, FL 33144

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: ALEJANDRO FARIAS

MR

01/28/2008

Electronic Signature of Signing Officer or Director

_____ Date