2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P95000019886

Entity Name: MERIDIAN PAIN & DIAGNOSTICS, INC.

Current Principal Place of Business:

401 SW LEJEUNE ROAD
SUITE 200
MIAMI, FL 33134 US

New Principal Place of Business:

6 ARAGON AVENUE
MIAMI, FL 33134 US

Current Mailing Address:

P.O. BOX 21026
FT. LAUDERDALE, FL 33335 US

New Mailing Address:

FEI Number: 65-0566757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMEO, RONALD
401 SW LEJEUNE ROAD
SUITE 200
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

DEMEO, RONALD
6 ARAGON AVENUE
MIAMI, FL 33134 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: _____ 02/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DEMEO, RONALD F
Address: 401 SW LEJEUNE ROAD, SUITE 200
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEMEO, RONALD F
Address: 6 ARAGON AVENUE
City-St-Zip: MIAMI, FL 33134

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: RONALD F. DEMEO D 02/24/2009
Electronic Signature of Signing Officer or Director — Date