

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067817

FILED
Jul 29, 2008
Secretary of State

Entity Name: PHYSICIANS DIAGNOSTIC SYSTEMS, INC.

Current Principal Place of Business:

1757 CORAL WAY
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

1757 CORAL WAY
MIAMI, FL 33145 US

New Mailing Address:

PO BOX 144132
CORAL GABLES, FL 33114 US

FEI Number: 65-0772181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI (GLT)
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KLASKIN, STUART
Address: 1757 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: VP () Delete
Name: PRESS, JACK A
Address: 1757 CORAL WAY
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KLASKIN, STUART
Address: PO BOX 144132
City-St-Zip: CORAL GABLES, FL 33114

Title: VP (X) Change () Addition
Name: PRESS, JACK A
Address: PO BOX 144132
City-St-Zip: CORAL GABLES, FL 33114

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: STUART A. KLASKIN

PRES

07/29/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date