

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 411192

FILED
Jan 23, 2006
Secretary of State

Entity Name: MEDICAL DIAGNOSTIC SERVICES INC

Current Principal Place of Business:

317 BRACKEN LANE
BRANDON, FL 335117571 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1441
BRANDON, FL 33509 US

New Mailing Address:

FEI Number: 59-1422776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, F. PAUL
317 BRACKEN LANE
BRANDON, FL 33570 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: CPD () Delete
Name: BUTLER, PAUL F,
Address: P O BOX 1441
City-St-Zip: BRANDON, FL 33509

Title: STV () Delete
Name: BATTLE, TRUDI R
Address: 19019 BOYETTE ROAD
City-St-Zip: LITHIA, FL

Title: V () Delete
Name: BATTLE, ROBERT D
Address: 19019 BOYETTE ROAD
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STV (X) Change () Addition
Name: BATTLE, TRUDI R
Address: 2312 TRAVIS ROBERT
City-St-Zip: VALRICO, FL 33594

Title: V (X) Change () Addition
Name: BATTLE, ROBERT D
Address: 2312 TRAVIS ROBERT
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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: F. PAUL BUTLER

_____ Electronic Signature of Signing Officer or Director

O

01/23/2006

_____ Date