

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 411192

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: MEDICAL DIAGNOSTIC SERVICES INC

**Current Principal Place of Business:**

3429 STEARNS ROAD  
VALRICO, FL 33594 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: 2312 TRAVIS ROBERT  
City-St-Zip: VALRICO, FL 33594

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: F. PAUL BUTLER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

01/15/2009

\_\_\_\_\_ Date