

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
May 28, 2009  
Secretary of State**

DOCUMENT# F01000000029

Entity Name: AMERICAN DIAGNOSTIC MEDICINE, INC.

**Current Principal Place of Business:**3404 NO. LECANTO HIGHWAY  
BEVERLY HILLS, FL 34465**New Principal Place of Business:**3537 NO. LECANTO HIGHWAY  
BEVERLY HILLS, FL 34465**Current Mailing Address:**960 INDUSTRIAL DR.  
STE 7  
ELMHURST, IL 60126**New Mailing Address:**

FEI Number: 36-3351715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**RIVERA, HECTOR  
3404 NO. LECANTO HIGHWAY  
BEVERLY HILLS, FL 34465 US**Name and Address of New Registered Agent:**RIVERA, HECTOR  
3537 NO. LECANTO HIGHWAY  
BEVERLY HILLS, FL 34465 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: HECTOR RIVERA

05/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: KANCHERLAPALLI, SAM  
Address: 960 INDUSTRIAL DR STE 7  
City-St-Zip: ELMHURST, IL 60126Title: V ( ) Delete  
Name: KANCHERLAPALLI, ANAND  
Address: 960 INDUSTRIAL DR STE 7  
City-St-Zip: ELMHURST, IL 60126Title: S ( ) Delete  
Name: KANCHERLAPALLI, SAM  
Address: 960 INDUSTRIAL DR STE 7  
City-St-Zip: ELMHURST, IL 60126Title: CFO (X) Delete  
Name: NASSENSTEIN, RICK  
Address: 960 INDUSTRIAL DR STE 7  
City-St-Zip: ELMHURST, IL 60126**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: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: SAM KANCHERLAPALLI

PRES

05/28/2009

Electronic Signature of Signing Officer or Director

Date