2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005195

BERGER, JESSE

123 N.W. 13TH STREET STE 313

BOCA RATON, FL 33432

Name:

Address: City-St-Zip:

Entity Name: ALLIANT DIAGNOSTICS, INC.

FILED Jan 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 123 N.W. 13TH STREET STE 313 123 N.W. 13TH STREET BOCA RATON, FL 33432 SUITE 313 BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 123 N.W. 13TH STREET 123 N.W. 13TH STREET STE 313 BOCA RATON, FL 33432 SUITE 313 BOCA RATON, FL 33432 FEI Number: 20-2832782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BERGER, JESSE BERGER, JESSE 123 N.W. 13TH STREET 123 N.W. 13TH STREET STE 313 BOCA RATON, FL 33432 SUITE 313 BOCA RATON, FL 33432 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: JESSE BERGER 01/06/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROBINSON, JARED Name: Name: 123 N.W. 13TH STREET STE 313 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: () Change () Addition RUTHERFORD, KEVIN Name: Name: 123 N.W. 13TH STREET STE 313 Address: Address: BOCA RATON, FL 33432 City-St-Zip: City-St-Zip: Title: Title: DVP () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JESSE BERGER DVP 01/06/2007