2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007296

Entity Name: AMERICAN DIAGNOSTICS SERVICES, INC.

FILED Jul 28, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7150 N PARK DR			6981	6981 NORTH PARK DRIVE		
STE 560				STE 506		
PENNSAUKEN, NJ 08109			PEN	PENNSAUKEN, NJ 08109		
Current Mailing Address:				New Mailing Address:		
7150 N PARK DR			6981	6981 NORTH PARK DRIVE		
STE 560				STE 506		
PENNSAUKEN, NJ 08109				PENNSAUKEN, NJ 08109		
FEI Number	r: 23-2722771	FEI Number Applied For ()	FEI Number N	ot Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	S FILINGS INC /ERNOR'S SC	CORPORATED NUARE BLVD				
SUITE 10' TALLAHA	1 SSEE, FL 323	3012960 US				
	e named entity e of Florida.	submits this statement for the	purpose of char	nging its registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	gent		Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title:	PD () Delete	Title:		() Change () Addition	
Name:	ZINGARELLI,	ANTHONY	Name	:		
Address:	101 WEST AV	E - STE 300	Addre	ss:		
City-St-Zip:	JENKINTOWN	, PA 19046	City-S	St-Zip:		
Title:	VPD () Delete	Title:		() Change () Addition	
Name:	BRENNAN, MA	ARY JO	Name	:		
Address:	7150 N PARK	DR - STE 560	Addre	ss:		
City-St-Zip:	PENNSAUKEN	I, NJ 08109	City-S	St-Zip:		
Title:	STD () Delete	Title:		() Change () Addition	
Name:	MORRISON, A		Name	:		
Address:	101 WEST AV		Addre			
City-St-Zip:	JENKINTOWN		City-S	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: JOSEPH W. KELLY CFO 07/28/2008