

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004516

FILED
Apr 24, 2008
Secretary of State

Entity Name: ASPYRA DIAGNOSTIC SOLUTIONS, INC.

Current Principal Place of Business:

7 CORPORATE PLAZA
8649 BAYPINE ROAD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

8649 BAYPINE ROAD
SUITE 101
JACKSONVILLE, FL 32256 US

Current Mailing Address:

26115-A MUREAU RD.
CALABASAS, CA 91302 US

New Mailing Address:

FEI Number: 33-0675762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: COO () Delete
Name: HELMS, JAMES
Address: 26115-A MUREAU RD.
City-St-Zip: CALABASAS, CA 91302 US

Title: CEO () Delete
Name: BESBECK, STEVEN M
Address: 26115-A MUREAU RD
City-St-Zip: CALABASAS, CA 91302

Title: CFOS () Delete
Name: VILLAFANE, ANAHITA
Address: 26115-A MUREAU RD
City-St-Zip: CALABASAS, CA 91302

Title: D () Delete
Name: BESBECK, STEVEN M
Address: 26115-A MUREAU RD
City-St-Zip: CALABASAS, CA 91302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CTO (X) Change () Addition
Name: MILLER, BRUCE
Address: 26115-A MUREAU RD
City-St-Zip: CALABASAS, CA 91302

Title: CFOS (X) Change () Addition
Name: VILLAFANE, ANAHITA
Address: 26115-A MUREAU RD
City-St-Zip: CALABASAS, CA 91302

Title: D (X) Change () Addition
Name: VILLAFANE, ANAHITA
Address: 26115-A MUREAU RD
City-St-Zip: CALABASAS, CA 91302

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: ANAHITA VILLAFANE

CFO

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date