2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30229

FILED Apr 07, 2006 Secretary of State

Entity Name: SOUTHERN DIAGNOSTIC ASSOCIATES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	OMMERCE F	PKWY		
STE 2 WESTON	, FL 33326	US		
Current Mailing Address:		New Mailing Address:		
	OMMERCE F	PKWY		
STE 2 WESTON	, FL 33326	US		
El Number	: 59-2475270	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
	R, MARTIN V DMMERCE F			
1930 N CO STE 2 WESTON The above n the State	DMMERCE F , FL 33326 e named entite e of Florida.	US	ourpose of changing its registere	ed office or registered agent, or both,
1930 N CO STE 2 WESTON The above	DMMERCE F , FL 33326 e named entif e of Florida. RE:	US		ed office or registered agent, or both, Date
1930 N CC STE 2 WESTON The above n the State	DMMERCE F , FL 33326 e named entite e of Florida. RE: Electr	PKWY US ty submits this statement for the p		
1930 N CC STE 2 WESTON The above n the Stati BIGNATUI	DMMERCE F , FL 33326 e named entite e of Florida. RE: Electr	PKWY US ty submits this statement for the property of the property of Registered Age and Trust Fund Contribution ().	ent	
1930 N CC STE 2 WESTON The above n the Stati BIGNATUI	pimmerce F FL 33326 In named entite of Florida. RE: Electr Impaign Finance S AND DIRE PTD SPIEGLER,	PKWY US ty submits this statement for the province Signature of Registered Age sing Trust Fund Contribution (). ECTORS: () Delete MARTIN IMERCE PKWY STE 2	ent	Date

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.

SIGNATURE: MARTIN SPIEGLER PTD 04/07/2006