

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # H78563

1. Entity Name
MOBILE DIAGNOSTICS, INC.



Principal Place of Business
**1717 N E STREET
320
PENSACOLA, FL 32501 US**

Mailing Address
**1717 N E ST
STE 320 ATTN J KEHOE
PENSACOLA, FL 32501 US**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2864191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTER, JOHN
1717 N E STREET
320
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000881786
04/16/08-80014-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PORTER, JOHN
STREET ADDRESS	1717 N "E" ST, STE 302
CITY - ST - ZIP	PENSACOLA, FL 32501

TITLE	TD
NAME	LABAHN, JIM
STREET ADDRESS	1717 N "E" ST, STE 302
CITY - ST - ZIP	PENSACOLA, FL 32501

TITLE	VD
NAME	MCGEE, ELEANOR
STREET ADDRESS	1717 N "E" ST, STE 302
CITY - ST - ZIP	PENSACOLA, FL 32501

TITLE	AS
NAME	YADEN, DEBRA A
STREET ADDRESS	1717 N "E" ST, STE 302
CITY - ST - ZIP	PENSACOLA, FL 32501

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debra A. Yaden Asst. Sec. 3/25/08 850/469-2339