2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# H78563

Entity Name: MOBILE DIAGNOSTICS, INC.

Current Principal Place of Business:

1717 N E STREET
320
PENSACOLA, FL 32501 US

New Principal Place of Business:

1717 N E STREET
STE 320
PENSACOLA, FL 32501 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2864191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PORTER, JOHN
1717 N E STREET
STE 320
PENSACOLA, FL 32501 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: _____ 03/18/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PORTER, JOHN
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501 US

Title: TD ( ) Delete
Name: LABAHN, JIM
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete
Name: MCGEE, ELEANOR
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501

Title: AS ( ) Delete
Name: YADEN, DEBRA A
Address: 1717 N
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PORTER, JOHN
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501 US

Title: VPD (X) Change ( ) Addition
Name: LABAHN, JIM
Address: 1717 NORTH E ST HEART CENTER
City-St-Zip: PENSACOLA, FL 32501

Title: TD (X) Change ( ) Addition
Name: MCGEE, ELEANOR
Address: 1717 NORTH E ST STE 321
City-St-Zip: PENSACOLA, FL 32501

Title: AS (X) Change ( ) Addition
Name: YADEN, DEBRA A
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

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: DEBRA YADEN AS 03/18/2009
Electronic Signature of Signing Officer or Director — Date