## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

	ANNUAL	KEPUKI		7	200	cratary of Stat
1. Entity Nan	MENT #K21021  DIAGNOSTICS, INC.			Secretary of Stat		
Principal Place of Business 1910 N. ORANGE AVE STE B ORLANDO, FL 32804 US		Mailing Address 1910 N. ORANGE AVE STE B ORLANDO, FL 32804 US				
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,,,,,, <b>,</b> ,,, <b>,</b> ,,, <b>,</b>	O NOT WRITE	IN THIS SPA	ACE	4. FEI Number 59-288444		Applied For Not Applicable \$8.75 Additional
rat a	are the particular			5. Certificate of St	atus Desired	Fee Required
	6. Name and Address of Current Ro	egistered Agent		# 1		, , ,
8. The above the obliga	E SHORE DR D, FL 32803  named entity submits this statement for titions of registered agent.	he purpose of changing its regis	erte nak statualta a saa a gastiista y saa ayaanna		IIS SP/	ACE Control of the Control
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE Regis	stered Agent signature require	d when reinstating)		DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution		.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS	al.		1 , F	'42
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STREET ADDRESS	3322 LAKE SHORE DR				ing.	Carrier Company
CITY-ST-ZIP	ORLANDO, FL 32803			the state of the state of	- UUUU - D271970	00622239  7-80018-011,150.00
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CITY-ST-ZIP			A Section 1			
TITLE			<b>■</b>			

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 by elecute 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 the like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST+ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

130/07 (407)947-0495