

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90512 001 ***450.00

DOCUMENT #		L11886	
1. Entity Name MOBILE DIAGNOSTIC SERVICES CORPORATION			
Principal Place of Business 7408 SW 48TH ST. MIAMI FL 33155		Mailing Address 7408 SW 48TH ST. MIAMI FL 33155	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
TORRES, JUAN 7408 SW 48TH ST. MIAMI FL 33155			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	TORRES, JUAN		
STREET ADDRESS	7408 SW 48TH ST.		
CITY-ST-ZIP	MIAMI FL 33155		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
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12.			
TITLE			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this report or supplemental report is true and accurate and that my signature shall have the s of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 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	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)