

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # L11886**

1. Entity Name  
**MOBILE DIAGNOSTIC SERVICES CORPORATION**



**FILED  
May 04, 2005 8:00 am  
Secretary of State**

05-04-2005 90205 001 \*\*\*600.00

66015207



04252005 Chg-P CR2E034 (10/03)

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  
**7406 SW 48 ST**

3. Mailing Address  
**7406 SW 48 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33155**

Country  
**USA**

Zip  
**33155**

Country  
**USA**

4. FEI Number  
**65-0143728**

Applied For  
Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, JUAN  
7408 SW 48TH ST.  
MIAMI, FL 33155**

Name  
**JUAN TORRES**

Street Address (P.O. Box Number is Not Acceptable)

**7406 SW 48 ST**

City  
**MIAMI**

FL Zip Code  
**33155**

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

*Juan Torres CEO*

(NOTE: Registered Agent signature required when reindating)

DATE

*4/26/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P TORRES, JUAN  
7408 SW 48TH ST.  
MIAMI, FL 33155**

Delete

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Juan Torres CEO*

*4/26/05 (305)261-1242*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #