
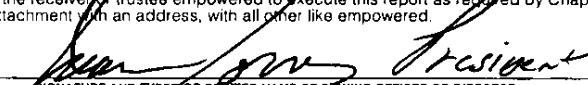


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90247 001 \*\*\*600.00

<b>DOCUMENT # L11886</b> 1. Entity Name <b>MOBILE DIAGNOSTIC SERVICES CORPORATION</b>																																																					
Principal Place of Business <b>7406 SW 48TH ST. MIAMI, FL 33155</b>			Mailing Address <b>7406 SW 48TH ST. MIAMI, FL 33155</b>																																																		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0143728</b>																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent  <b>TORRES, JUAN 7406 SW 48TH ST. MIAMI, FL 33155</b>																																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																					
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> <b>P TORRES, JUAN 7406 SW 48TH ST. MIAMI, FL 33155</b> </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"> <b>P Juan Torres 7406 SW 48ST Miami, FL 33155</b> </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TORRES, JUAN 7406 SW 48TH ST. MIAMI, FL 33155</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Juan Torres 7406 SW 48ST Miami, FL 33155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																																																					
<b>SIGNATURE:</b>  <b>President</b> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																					
Date: <b>2/19/07</b> Daytime Phone #: <b>(305) 261-1242</b>																																																					

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