2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25853

FILED Apr 19, 2004 Secretary of State

Entity Name: DIAGNOSTIC PHYSICS CONSULTING, INC

Current Principal Place of Business: New Principal Place of Business: ATLANTIC AVE SELF STORAGE 16015 LAUREL CREEK DR. DELRAY BEACH, FL 33446 US 01079 DELRAY BEACH, FL 33484 **New Mailing Address: Current Mailing Address:** P O BOX 480367 DELRAY BEACH, FL 33448 FEI Number: 59-2724891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMCHIK, BRUCE 10725 S.W. 104TH STREET MIAMI, FL 33176 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TREFLER, MARTIN, Name: Name: 16015 LAUREL CREEK DRIVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TREFLER, SUSAN. Name: 16015 LAUREL CREEK DRIVE Address: Address: DELRAY BEACH, FL 33446 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARTIN TREFLER CEO 04/19/2004