


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004639 1. Entity Name THE AMERICAN BOARD OF MENTAL HEALTH DIAGNOSTICS, INC.	
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Principal Place of Business 2801 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33065	Mailing Address 2801 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



01262004 No Chg NP CR2E037 (10/03)

4. FEI Number 65-0815037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KASDAGLIS, MICHAEL DCSW 2801 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33065	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000026844 02/03/04-80022-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCD KASDAGLIS, MICHAEL DCSW 2801 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALEXAKIS, GEORGE EDD ABD 1244 NW 117TH AVENUE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ALEXAKIS, ELIZABETH 1244 NW 117TH AVENUE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD KASDAGLIS, ESTHER L RN 8855 N.W. 17TH MANOR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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, I am empowered.

SIGNATURE:  **1-28-04** **954-344-8352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #