


**02-03**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 26 PM 12:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000067638	
1. Entity Name ADVANCE MOBILE DIAGNOSTICS, CORP.	

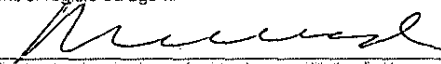
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2250 SW 3rd AVENUE	3. Mailing Address 2250 SW 3rd AVENUE
Suite, Apt. #, etc. 150	Suite, Apt. #, etc. 150
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33129	Country USA

DO NOT WRITE IN THIS SPACE

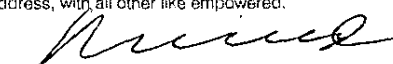
4. FEI Number 65-1024307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name ROSA WALLED	
	Street Address (P.O. Box Number is Not Acceptable) 2121 SW 17th STREET	
	City MIAMI	FL 33145

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 	ROSA WALLED	3/19/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/SEC/TREAS/DIR ROSA WALLED 212 SW 17th STREET MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000014694440 03/26/03--01004--005 **300.00
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 	ROSA WALLED	PRESIDENT	3/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)

3/21

**ADVANCED MOBILE DIAGNOSTICS, CORP.**  
**2250 SW 3<sup>rd</sup> AVENUE**  
**MIAMI, FL 33129**

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March 19<sup>th</sup>, 2003

**Department of State**  
**Division of Corporations**  
**PO Box 6327**  
**Tallahassee, FL 32314**

**Re: Doc # P00000067638**

Dear Sir:

Enclosed please find a check for \$300.00 to cover annual report fees for CY 2002 and CY 2003 along with completed UBR form. I never received the renewal form.

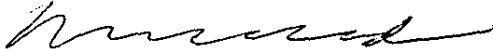
My company has moved and I have a new mailing address:  
2250 SW 3<sup>rd</sup> AVENUE MIAMI, FL 33129

*Suite 150*

Please accept this check in good faith, I was not aware until my accountant brought it up to my attention. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,



**ROSA WALLED**  
President