2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2010
Secretary of State

DOCUMENT# P00000071617

Entity Name: ROSE MED DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

1235 N KROME AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

1235 N KROME AVE
SUITE R
HOMESTEAD, FL 33030

Current Mailing Address:

1235 N KROME AVE
HOMESTEAD, FL 33030

New Mailing Address:

1235 N KROME AVE
SUITE R
HOMESTEAD, FL 33030

FEI Number: 65-1029869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, NILDA
1235 N KROME AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

ACOSTA, NILDA R
1235 N KROME AVE
HOMESTEAD, FL 33030 US

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: NILDA R. ACOSTA 02/11/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD
Name: ACOSTA, NILDA R
Address: 1235 N. KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: NILDA. R. ACOSTA PSTD 02/11/2010
Electronic Signature of Signing Officer or Director Date