


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000028501 1. Entity Name ARTEMISA DIAGNOSTIC MOBILE CORPORATION	
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Principal Place of Business 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174	Mailing Address 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE

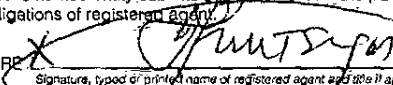


04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1102133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARTEAGA, JOSE A 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174


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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  4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000321729 04/21/05-B0088-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ARTEAGA, JOSE ANTONIO 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALONSO, HELVIO DR. 1401 SW 107TH AVENUE, STE. 301J MIAMI, FL 33174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered. SIGNATURE:  4/18/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
