




**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000040399</b>				<b>Secretary of State</b>	
1. Entity Name <b>TREASURE COAST DIAGNOSTICS INC</b>					
Principal Place of Business <b>1801 SE HILLMOOR DRIVE C208 PORT ST LUCIE, FL 34952</b>		Mailing Address <b>1801 SE HILLMOOR DRIVE C208 PORT ST LUCIE, FL 34952</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				07182005 No Chg-P CR2E034 (10/03)	
				4. FEI Number <b>65-1094435</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WATKINS, LAURENCE 1801 SE HILLMOOR DRIVE SUITE C208 PORT ST LUCIE, FL 34952</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				<b>000000374151 07/22/05-80010-007 150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MP WATKINS, LAWRENCE D DR. 1801 SE HILLMOOR DR. PORT SAINT LUCIE, FL 34952		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MVP MALAKNI, MATVINDER DR. 1801 SE HILLMOOR DR. PORT SAINT LUCIE, FL 34952			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MS CHAIASANI, PROSAD DR. 1801 SE HILLMOOR DR. PORT SAINT LUCIE, FL 34952			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>7/19/05 (305) 852-9696</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					