

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061423

FILED
Apr 28, 2006
Secretary of State

Entity Name: DIAGNOSTICS OF PALM BEACH, INC.

Current Principal Place of Business:

1195 NORTH MILITARY TRAIL, SUITE 5
WEST PALM BEACH, FL 33409

New Principal Place of Business:

1195 NORTH MILITARY TRAIL
SUITE # 5
WEST PALM BEACH, FL 33409 US

Current Mailing Address:

1195 NORTH MILITARY TRAIL, SUITE 5
WEST PALM BEACH, FL 33409

New Mailing Address:

1195 NORTH MILITARY TRAIL
SUITE # 5
WEST PALM BEACH, FL 33409

FEI Number: 65-1116341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMPSON, SHAWN
1195 NORTH MILITARY TRAIL, SUITE 5
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

SIMPSON, SHAWN D DR.
1195 NORTH MILITARY TRAIL
SUITE # 5
WEST PALM BEACH, FL 33409 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: DR. SHAWN D. SIMPSON

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMPSON, SHAWN
Address: 1195 N. MILITARY TRAIL #5B
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SIMPSON, SHAWN D DR.
Address: 1195 N. MILITARY TRAIL #5B
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. SHAWN D. SIMPSON

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date