

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000099843 1. Entity Name AMERICAN DOCTORS DIAGNOSTIC INC.				FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 JUN 29 PM 12:13	
Principal Place of Business 1515 SW 67 AVE WEST MIAMI, FL 33144		Mailing Address 1515 SW 67 AVE WEST MIAMI, FL 33144		 06282004 Chg-P CR2E034 (10/03)	
2. Principal Place of Business 2742 SW 8 ST Suite, Apt. #, etc. # 7		3. Mailing Address 2742 SW 8 ST Suite, Apt. #, etc. # 7			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33135 Country U.S.		Zip 33135 Country U.S.			
4. FEI Number 65-1153771		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 MORALES, OSVALDO 1515 SW 67 AVE MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, OSVALDO 1515 SW 67 AVE MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President OSVALDO LUGO 2742 SW 8 ST suite #7 MIAMI FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President FAUSTO P CASTILLO 2742 SW 8 ST suite #7 MIAMI FL 33135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300039031163 07/13/04--01003--010 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					