

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90124 039 ***158.75

DOCUMENT # P01000099843 1. Entity Name AMERICAN DOCTORS DIAGNOSTIC INC.					
Principal Place of Business 2742 SW 8 ST. #7 MIAMI, FL 33135			Mailing Address 2742 SW 8 ST. #7 MIAMI, FL 33135		
2. Principal Place of Business 437 SW 17 AVE			3. Mailing Address 437 SW 17 AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33135		Country DADE		Zip 33135	
Country DADE		4. FEI Number 65-1153771			
5. Certificate of Status Desired <input checked="" 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 LUGO JULIO Street Address (P.O. Box Number is Not Acceptable) 437 SW 17 AVE City MIAMI FL Zip Code 33135	
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 _____					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUGO, JULIO 2742 SW 8 ST., STE. #7 MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY - ST - ZIP	LUGO JULIO 437 SW 17 AVE. MIAMI, FL, 33135.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CASTILLO, FAUSTO P 2742 SW 8 ST., STE. #7 MIAMI, FL 33135		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P-VP.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Lugo</i>			Date 4-30-05 Daytime Phone # (305) 285 1225		