

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104286

FILED
Sep 06, 2007
Secretary of State

Entity Name: ORLANDO DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

515 W STATE ROAD 434
SUITE 307
LONGWOOD, FL 32750

New Principal Place of Business:

450 W STATE ROAD 434
SUITE 301
LONGWOOD, FL 32750

Current Mailing Address:

515 W STATE ROAD 434
SUITE 307
LONGWOOD, FL 32750

New Mailing Address:

450 W STATE ROAD 434
SUITE 301
LONGWOOD, FL 32750

FEI Number: 59-3760861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKS, LINDA G
203 LOOKOUT PLACE
SUITE A
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AHMAR, WASIM
Address: 515 W STATE ROAD 434
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AHMAR, WASIM
Address: 450 W STATE ROAD 434 #301
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify 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: WASIM AHMAR

P

09/06/2007

Electronic Signature of Signing Officer or Director

Date