

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110737

FILED
Apr 24, 2007
Secretary of State

Entity Name: HEART CENTER DIAGNOSTICS, INC.

Current Principal Place of Business:

2496 CARING WAY
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2484 CARING WAY
PORT CHARLOTTE, FL 33952

Current Mailing Address:

2496 CARING WAY
PORT CHARLOTTE, FL 33952

New Mailing Address:

2484 CARING WAY
PORT CHARLOTTE, FL 33952

FEI Number: 65-1155815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A ESQ
FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: DAVID A. HOLMES

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOWARD, VICTOR N
Address: 4611 GRASSY POINT BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOWARD, VICTOR N
Address: 990 BOULEVARD OF THE ARTS #1502
City-St-Zip: SARASOTA, FL 34236

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: VICTOR N. HOWARD

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date