

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007628

FILED
Feb 17, 2005
Secretary of State

Entity Name: FLORIDA MEDICAL DIAGNOSTIC & NURSING SERVICES, INC.

Current Principal Place of Business:

3884 GOSHAWK PLACE, RAMBLING ACRES WEST
TITUSVILLE, FL 32796

New Principal Place of Business:

3884 GOSHAWK PLACE
TITUSVILLE, FL 32796

Current Mailing Address:

3884 GOSHAWK PLACE, RAMBLING ACRES WEST
TITUSVILLE, FL 32796

New Mailing Address:

3884 GOSHAWK PLACE
TITUSVILLE, FL 32796

FEI Number: 03-0383329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VICENTE, FLORIDA MD
3884 GOSHAWK PLACE, RAMBLING ACRES WEST
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

FLORIDA III, VICENTE C MD
3884 GOSHAWK PLACE
TITUSVILLE, FL 32796 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: ROBERT LYTLE

02/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLORIDA, VICENTE, III MD
Address: 3884 GOSHAWK PLACE, RAMBLING ACRES WEST
City-St-Zip: TITUTSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLORIDA III, VICENTE C MD
Address: 3884 GOSHAWK PLACE
City-St-Zip: TITUTSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICENTE C. FLORIDA III M.D.

P

02/17/2005

Electronic Signature of Signing Officer or Director

Date