2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# P02000084944

Entity Name: MEDICAL DIAGNOSTIC CORP.

Current Principal Place of Business:

4711 NW 79 AVE
SUITE 25Y
MIAMI, FL 33166

New Principal Place of Business:

6955 NW 77 AVE.
402
MIAMI, FL 33166

Current Mailing Address:

4711 NW 79 AVE
SUITE 25Y
MIAMI, FL 33166

New Mailing Address:

6955 NW 77 AVE
402
MIAMI, FL 33166

FEI Number: 42-1547003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESCANDELL, DUNIESKY
6955 NW 77 AVE STE 402
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

ESCANDELL, DUNIESKY
6955 NW 77 AVE
402
MIAMI, FL 33166 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: DUNIESKY ESCANDELL 07/07/2006
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: PSD ( ) Delete
Name: ESCANDELL, DUNIESKY
Address: 6955 NW 77 AVE STE 402
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DUNIESKY ESCANDELL PSD 07/07/2006
Electronic Signature of Signing Officer or Director Date