## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2005 8:00 am Secretary of State 01-20-2005 90029 033 \*\*\*150.00

1. Entity Nam	MENT # P02000112 diagnostics, inc.			01-20-2005	90029 033 ***1.	50.00		
Principal Plac	e of Business	Mailing Address		7				
1501 US HWY 441 NORTH 1501 US HWY 441 NO.					1000371	8 .		
SUITE 1706 SUITE 1706 SUITE 1706 THE VILLAGES, FL 32159			۵		[00001=			
LAUT LAKE, I	rt 32139	THE VILLAGES, FL 3213	3				<b>45881   1 1914</b>	
2. Principal Place of Business 1501 US HWY 441 NORTH		3. Mailing Address 1501 W HWY 441 NORTH						
Suite, Apt. #, etc. SUITE 1706		Suite, Apt. #, etc.  SUITE 1706		01052005	Chg-P	CR2E034 (10/03)		
City & State  THE VILLAGES , FL		City & State  THE VILLAGES , FL		4. FEI Number 33-10276	590	<b>⊢</b>	optied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of		□ \$8.75 Ad	ditional	
يهي	1	32/59	<u> </u>			Fee Require	d	
	6. Name and Address of Current	Name	7. Name and A	ddress of New Re	gistered Agent			
	(, NELSON							
1501 US H   SUITE 170	IWY 441 NO		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	AGES, FL 32159							
1112 VICENOCO, 12 02100			City			FL Zip Cod	e	
B. 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 ac								
the above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.								
SIGNATURE NELSON KRAUCAK, MO / 1/5/05								
Signature, typed or whited name of registered agent and fille if applicable. (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.				5.00 May Be				
	ay 1, 2000 1 00 min be 4000.	, ,	oution. $\square$ A	I				
10.				ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
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12. I hereby certify that the information supplied with his 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 visite 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. The all other like exemple end.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05

(352) 750 - 4333

Daytime Phone #