

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014036

Entity Name: PNEUMOCARE DIAGNOSTIC INC.

FILED  
Jan 16, 2007  
Secretary of State

## Current Principal Place of Business:

16201 SW 95 AVE #112  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

16201 SW 95 AVE #112  
MIAMI, FL 33157

## New Mailing Address:

FEI Number: 26-0058426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AFANADOR, OLGA  
16201 SW 95 AVE #112  
MIAMI, FL 33157 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AFANADOR, OLGA  
Address: 16201 SW 95 AVE #112  
City-St-Zip: MIAMI, FL 33157

Title: P ( ) Delete  
Name: ANZARDO, HECTOR  
Address: 16201 SW 95 AVE #112  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: ANZARDO, HECTOR  
Address: 16201 SW 95 AVE #112  
City-St-Zip: MIAMI, FL 33157

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: OLGA AFANADOR

P

01/16/2007

Electronic Signature of Signing Officer or Director

Date