

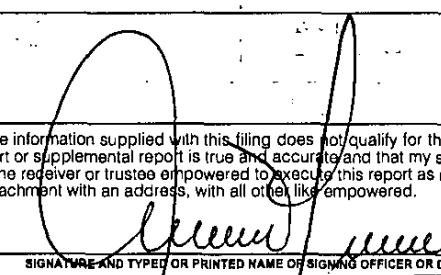


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000067767			
1. Entity Name INSTITUTE OF DIAGNOSTIC STUDIES, INC.			
Principal Place of Business 13926 SW 47 STREET 2ND FLOOR MIAMI, FL 33175	Mailing Address 13926 SW 47 STREET 2ND FLOOR MIAMI, FL 33175		
DO NOT WRITE IN THIS SPACE			
		01042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 55-0837388	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GREEN, JERRY 7700 N KENDALL DR STE 507 THE GREENERY MALL MIAMI, FL 33156			DO NOT WRITE IN THIS SPACE
8. 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 accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000747213 05/17/07-80015-020 158.75
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTIA, ANTONIO 13926 SW 47TH ST MIAMI, FL 33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTIA, MARC A 13926 SW 47TH ST MIAMI, FL 33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTIA, ELVA 13926 SW 47TH ST MIAMI, FL 33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTIA, MICHAEL A 13926 SW 47TH ST MIAMI, FL 33175		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		01/10/07 305-551-2240 Date Daytime Phone #	