

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085062

FILED
Apr 27, 2004
Secretary of State

Entity Name: DIAGNOSTIC CORPORATION OF AMERICA

Current Principal Place of Business:

5770 ROOSEVELT BLVD
SUITE 510
CLEARWATER, FL 33760

New Principal Place of Business:

18495 US HWY 19N
CLEARWATER, FL 33764

Current Mailing Address:

5770 ROOSEVELT BLVD
SUITE 510
CLEARWATER, FL 33760

New Mailing Address:

18495 US HWY 19N
CLEARWATER, FL 33764

FEI Number: 32-0092541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINER, SAMUEL L
5770 ROOSEVELT BLVD
SUITE 510
CLEARWATER, FL 33760

Name and Address of New Registered Agent:

WINER, SAMUEL L
18495 US HWY 19N
CLEARWATER, FL 33764

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: SAMUEL L. WINER

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WINER, SAMUEL L
Address: 5770 ROOSEVELT BLVD SUITE 510
City-St-Zip: CLEARWATER, FL 33760

Title: SD () Delete
Name: NOHE, JEANETTE
Address: 5770 ROOSEVELT BLVD SUITE 510
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WINER, SAMUEL L
Address: 18495 US HWY 19N
City-St-Zip: CLEARWATER, FL 33764

Title: SD (X) Change () Addition
Name: NOHE, JEANETTE
Address: 18495 US HWY 19N
City-St-Zip: CLEARWATER, FL 33764

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: SAMUEL L. WINER

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date