


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
2/ Mar 23, 2006 8:00 am
Secretary of State

02-27-2006 90074 015 ***150.00

DOCUMENT # P03000113844	
1. Entity Name CONFIDENTIAL DIAGNOSTIC SERVICES, INC.	

Principal Place of Business 330 SW 27TH AVENUE 707 MIAMI, FL 33135 US	Mailing Address 330 SW 27TH AVENUE 707 MIAMI, FL 33135 US
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0807966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MURPHY, OSCAR
330 SW 27TH AVENUE
707
MIAMI, FL 33135

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MURPHY, OSCAR 330 SW 27TH AVENUE MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE

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 807, 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: *Oscar Murphy* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *3/21/06 3056490006* **Date** **Daytime Phone #**



ATTACHMENT

66006798

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

CONFIDENTIAL DIAGNOSTIC SERVICES, INC.
330 SW 27TH AVENUE
707
MIAMI, FL 33135 US

Subject: **CONFIDENTIAL DIAGNOSTIC SERVICES, INC.**

Reference Number: **P03000113844**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION