


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000156239	
1. Entity Name E & E MEDICAL CENTER DIAGNOSTIC, INC.	

Principal Place of Business 515 SW 17 AVE., STE. 200 MIAMI, FL 33135	Mailing Address 515 SW 17 AVE., STE. 200 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



06092005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0511992	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARABEO, ESTEBAN 515 SW 17 AVE STE 200 MIAMI, FL 33135
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**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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when not filing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARABEO, ESTEBAN 515 SW 17 AVE, STE. 200 MIAMI, FL 33135
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06/22/05-80001-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	6/9/5	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			