2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 20, 2007
Secretary of State

DOCUMENT# P03000156239

Entity Name: E & E MEDICAL CENTER DIAGNOSTIC, INC.

Current Principal Place of Business:

5190 NW 167 ST STE 114
MIAMI GARDENS, FL 33015

New Principal Place of Business:

5190 NW 167 ST STE 114
MIAMI GARDENS, FL 33014

Current Mailing Address:

5190 NW 167 ST STE 114
MIAMI GARDENS, FL 33015

New Mailing Address:

5190 NW 167 ST STE 114
MIAMI GARDENS, FL 33014

FEI Number: 20-0511992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, GERALD MILES
5190 NW 167 ST STE 114
MIAMI GARDENS, FL 33015 US

Name and Address of New Registered Agent:

HOFFMAN, GERALD MILES
5190 NW 167 ST STE 114
MIAMI GARDENS, FL 33014 US

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: 08/20/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOFFMAN, GERALD MILES DO
Address: 5190 NW 167 ST STE 114
City-St-Zip: MIAMI GARDENS, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOFFMAN, GERALD MILES DO
Address: 5190 NW 167 ST STE 114
City-St-Zip: MIAMI GARDENS, FL 33014

I hereby certify that the information supplied with this filing does not qualify 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: GERALD MILES HOFFMAN, D.O. P 08/20/2007
Electronic Signature of Signing Officer or Director — Date