

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014158

FILED
Apr 28, 2007
Secretary of State

Entity Name: GRAND MEDICAL DIAGNOSTICS OF HOMESTEAD, INC.

Current Principal Place of Business:

692 N. HOMESTEAD BLVD.
SUITE 106
HOMESTEAD, FL 33030

New Principal Place of Business:

2550 NW 72ND AVENUE
SUITE 112
MIAMI, FL 33122 US

Current Mailing Address:

13800 SW 8 ST SUITE 259
MIAMI, FL 33184

New Mailing Address:

P. O. BOX 521850
MIAMI, FL 33152 US

FEI Number: 20-0644808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALDES, TONY
2550 NW 72ND AVENUE SUITE 111
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

TONY VALDES, CPA PA
2550 NW 72ND AVENUE
SUITE 111
MIAMI, FL 33122 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: TONY VALDES

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HERNANDEZ, JOSEPH
Address: 13800 SW 8 ST STE 259
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HERNANDEZ, JOSEPH
Address: P. O. BOX 521850
City-St-Zip: MIAMI, FL 33152 US

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: JOSEPH HERNANDEZ

D

04/28/2007

Electronic Signature of Signing Officer or Director

Date