2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021854

Entity Name: DIAGNOSTIX MEDICAL BILLING CORP.

FILED Mar 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15270 SW 80TH ST APT 4 P.O. BOX 450087 MIAMI, FL 332450087

MIAMI, FL 33193

Current Mailing Address: New Mailing Address:

P.O. BOX 450087 15270 SW 80TH ST APT 4

MIAMI, FL 332450087 MIAMI, FL 33193

FEI Number: 56-2434774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUAREZ, JONATHAN SUAREZ, JONATHAN 15270 SW 80TH ST APT 4 1252 SW 3 AVE

MIAMI, FL 33155 MIAMI, FL 33193

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: JONATTHAN SUAREZ 03/25/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: (X) Change () Addition

SUAREZ, JONATHAN SUAREZ, JONATHAN Name: Name: P.O. BOX 450087 15270 SW 80TH ST APT 4 Address: Address: City-St-Zip: MIAMI, FL 332450087

City-St-Zip: MIAMI, FL 33193

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 Statutés. 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: JONATHAN SUAREZ MR. 03/25/2005