

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000142801

FILED
Sep 28, 2006
Secretary of State

Entity Name: HEALTH MEDICAL DIAGNOSTIC SERVICES INC.

Current Principal Place of Business:

6595 NW 36TH ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6595 NW 36TH ST
MIAMI, FL 33166

New Mailing Address:

FEI Number: 25-1234567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, CATALINA
85 GRAND CANAL DR., #106
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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: CATALINA TORRES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRES, CATALINA
Address: 5348 CORTEZ COURT
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CATALINA TORRES

Electronic Signature of Signing Officer or Director

PD

09/28/2006

Date