2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# P04000142801

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: _____

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: MARINA, OKSENGORN
Address: 10395 LAKE VISTA CIRCLE
City-St-Zip: BOCA RATON, FL 33498

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: CATALINA TORRES P 05/02/2007

Electronic Signature of Signing Officer or Director Date