2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000142801

Entity Name: HEALTH MEDICAL DIAGNOSTIC SERVICES INC.

FILED Sep 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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6595 NW 36TH ST 6595 NW 36TH ST MIAMI, FL 33166 SUITE #302

VIRGINIA GARDENS, FL 33166

Current Mailing Address: New Mailing Address:

6595 NW 36TH ST 6595 NW 36TH ST

MIAMI, FL 33166 SUITE #302

VIGINIA GARDENS, FL 33166

FEI Number: 73-1720708 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:

TORRES, CATALINA
85 GRAND CANAL DR., #106
TORRES, CATALINA
2608 NE 22 PLACE

MIAMI, FL 33144 US CAPE CORAL, FL 33909 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: 09/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 TORRES, CATALINA
 Name:
 TORRES, CATALINA

 Address:
 5348 CORTEZ COURT
 Address:
 2608 NE 22 PLACE

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33909

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

 Name:
 MARINA, OKSENGORN
 Name:

 Address:
 10395 LAKE VISTA CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:

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 PD 09/06/2007