

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000142801 1. Entity Name HEALTH MEDICAL DIAGNOSTIC SERVICES INC.	
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Principal Place of Business 6595 NW 36TH ST SUITE #302 VIRGINIA GARDENS, FL 33166	Mailing Address 6595 NW 36TH ST SUITE #302 VIRGINIA GARDENS, FL 33166
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1720708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, CATALINA 2608 NE 22 PLACE CAPE CORAL, FL 33909	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000941042 05/28/08-80091-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, CATALINA 2608 NE 22 PLACE CAPE CORAL, FL 33909
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x  **4/28/08** **954 559 2702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #