

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009204

**FILED**  
**Feb 07, 2006**  
**Secretary of State**

**Entity Name:** DIAGNOSTIC IMAGING ON WHEELS, CORP.

**Current Principal Place of Business:**

15675 SW 9TH LANE  
MIAMI, FL 33194

**New Principal Place of Business:**

2000 NW 89 PL STE:115  
DORAL, FL 33172

**Current Mailing Address:**

15675 SW 9TH LANE  
MIAMI, FL 33194

**New Mailing Address:**

2000 NW 89 PL STE:115  
DORAL, FL 33172

**FEI Number:** 20-2160723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, ANIBAL P.  
4172 W. 12TH AVE.  
HIALEAH, FL 33012 US

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

MENDEZ, DRIOBAN  
2000 NW 89 PL STE:115  
DORAL, FL 33172 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: DRIOBAN MENDEZ

02/07/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MENDEZ, DRIOBA  
Address: 15675 SW 9TH LANE  
City-St-Zip: MIAMI, FL 33194

Title: VPD ( ) Delete  
Name: PEREZ, GUIDO A.  
Address: 2715 SW 137TH PLACE  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MENDEZ, DRIOBAN  
Address: 15675 SW 9TH LANE  
City-St-Zip: MIAMI, FL 33194

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: DRIOBAN MENDEZ

PD

02/07/2006

Electronic Signature of Signing Officer or Director

Date