2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P05000065307

Entity Name: ALL CARE DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

7990 SW 117 AVE.
113
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

7990 SW 117 AVE.
113
MIAMI, FL 33183

New Mailing Address:

FEI Number: 25-1916926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: ORTIZ, BLANCA
Address: 7990 SW 117 AVE. SUITE 113
City-St-Zip: MIAMI, FL 33183

Title: P ( ) Delete
Name: ORTIZ, ANGEL L
Address: 7990 SW 117 AVE. SUITE 113
City-St-Zip: MIAMI, FL 33183

Title: S ( ) Delete
Name: ORTIZ, STACY
Address: 7990 SW 117 AVE. SUITE 113
City-St-Zip: MIAMI, FL 33183

Title: T ( ) Delete
Name: BONILLA, ANGELA
Address: 7990 SW 117 AVE. SUITE 113
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: ANGEL L.ORTIZ PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date