

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 26, 2008  
Secretary of State**

DOCUMENT# P05000077621

Entity Name: R I S MOBILE DIAGNOSTIC, INC.

**Current Principal Place of Business:**

11965 SW 142 TERRACE  
SUITE 101  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

11965 SW 142 TERRACE  
SUITE 101  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-2848825      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CANINO, ROBERT J  
11965 SW 142 TERRACE  
SUITE 101  
MIAMI, FL 33186 US

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

VAZQUEZ, JUAN A P  
11965 SW 142 TERRACE  
SUITE 101  
MIAMI, FL 33186 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: JUAN A VAZQUEZ      08/26/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CANINO, ROBERT J  
Address: 11965 SW 142 TERRACE SUITE 101  
City-St-Zip: MIAMI, FL 33186

Title: VP      ( ) Delete  
Name: VAZQUEZ, JUAN A  
Address: 11965 SW 142 TERR SUITE 101  
City-St-Zip: MIAMI, FL 33186

Title: S      (X) Delete  
Name: VAZQUEZ, ADA A  
Address: 11965 SW 142 TERR SUITE 101  
City-St-Zip: MIAMI, FL 33186

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

Title: P      (X) Change ( ) Addition  
Name: VAZQUEZ, JUAN A  
Address: 11965 SW 142 TERRACE SUITE 101  
City-St-Zip: MIAMI, FL 33186

Title: S      (X) Change ( ) Addition  
Name: VAZQUEZ, ADA A  
Address: 11965 SW 142 TERR SUITE 101  
City-St-Zip: MIAMI, FL 33186

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: JUAN A VAZQUEZ      P      08/26/2008  
Electronic Signature of Signing Officer or Director      Date