2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000077621

Entity Name: RIS MOBILE DIAGNOSTIC, INC.

FILED Aug 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11965 SW 142 TERRACE SUITE 101 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

11965 SW 142 TERRACE SUITE 101 MIAMI, FL 33186

FEI Number: 20-2848825 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:

CANINO, ROBERT J VAZQUEZ, JUAN A P
11965 SW 142 TERRACE 11965 SW 142 TERRACE
SUITE 101 SUITE 101
MIAMI, FL 33186 US 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CANINO, ROBERT J
 Name:
 VAZQUEZ, JUAN A

 Address:
 11965 SW 142 TERRACE SUITE 101
 Address:
 11965 SW 142 TERRACE SUITE 101

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

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

Name: VAZQUEZ, JUAN A Name: VAZQUEZ, ADA A

Address: 11965 SW 142 TERR SUITE 101 Address: 11965 SW 142 TERR SUITE 101

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

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

 Name:
 VAZQUEZ, ADÁ A
 Name:

 Address:
 11965 SW 142 TERR SUITE 101
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 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