

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095315

Entity Name: HMS DIAGNOSTIX, INC.

FILED
Jul 03, 2006
Secretary of State

Current Principal Place of Business:

1964 HOWELL BRANCH ROAD #103
WINTER PARK, FL 32792

New Principal Place of Business:

1954 HOWELL BRANCH ROAD
STE 203
WINTER PARK, FL 32792

Current Mailing Address:

1964 HOWELL BRANCH ROAD #103
WINTER PARK, FL 32792

New Mailing Address:

1954 HOWELL BRANCH ROAD
STE 203
WINTER PARK, FL 32792

FEI Number: 56-2519140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON MEDICAL SYSTEMS, INC.
1964 HOWELL BRANCH ROAD #103
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

HANSON MEDICAL SYSTEMS, INC.
1954 HOWELL BRANCH ROAD
STE 203
WINTER PARK, FL 32792 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: MARTHA E HANSON

07/03/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANSON, MARTHA E
Address: 1020 VIA MERANO COURT
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: HANSON, JAMES A
Address: 1020 VIA MERANO COURT
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARTHA E HANSON

D

07/03/2006

Electronic Signature of Signing Officer or Director

Date