2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009236

19361 NW 8TH ST

PEMBROKE PINES, FL 33029

Address: City-St-Zip:

Entity Name: DIGIMED ANALYTICAL INSTRUMENTS INC

FILED Jan 16, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
6861 SW 196TH AVE STE 116A PEMBROKE PINES, FL 33332				6861 SW 196TH AVE SUITE 116A PEMBROKE PINES, FL 33332		
Current Mailing Address:				New Mailing Address:		
6861 SW 196TH AVE STE 116A PEMBROKE PINES, FL 33332			S	6861 SW 196TH AVE SUITE 116A PEMBROKE PINES, FL 33332		
FEI Number	: 20-4177474	FEI Number Applied For ()	FEI Numb	er Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LOPES, ROBSON V 6861 SW 196TH AVE STE 116A PEMBROKE PINES, FL 33332 US				LOPES, ROBSON V 6861 SW 196TH AVE SUITE 116A PEMBROKE PINES, FL 33332 US		
	e named entity e of Florida.	submits this statement for the p	purpose of o	changing its registered	office or registered agent, or both,	
SIGNATURE:				01/16/2008		
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LOPES, ROBS 15606 NW 12T		N A	ritle: (lame: kddress: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	V (SOUZA, NEYL [*] 16525 SAPPHI WESTON, FL	RE ST	N A	ritle: (lame: kddress: City-St-Zip:) Change ()Addition	
Title: Name:	ST (HOLZBACH, M) Delete ARIA E		ītle: (lame:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROBSON LOPES P 01/16/2008