

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044909

Entity Name: ALL SPECIALTY CARE DIAGNOSTIC, INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

3800 S OCEAN DR - STE 1116
HOLLYWOOD, FL 33019

New Principal Place of Business:

5595 ORANGE DRIVE
SUITE 208
DAVIE, FL 33314

Current Mailing Address:

3800 S OCEAN DR - STE 1116
HOLLYWOOD, FL 33019

New Mailing Address:

5595 ORANGE DRIVE
SUITE 208
DAVIE, FL 33314

FEI Number: 42-1699797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOZYR, YURIY
3800 S OCEAN DR - STE 1116
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

KOZYR, YURIY
5595 ORANGE DRIVE #208
DAVIE, FL 33314 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:

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: KOZYR, YURIY
Address: 3800 S OCEAN DR - STE 1116
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Delete
Name: KOZYR, YURIY
Address: 3800 S OCEAN DR - STE 1116
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RNCS (X) Change () Addition
Name: KOZYR, YURIY
Address: 5595 ORANGE DRIVE #208
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change () Addition
Name: KOZYR, YURIY
Address: 5595 ORANGE DRIVE #208
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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: YURIY KOZYR

VP

01/10/2007

Electronic Signature of Signing Officer or Director

Date