


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000044909</b> 1. Entity Name ALL SPECIALTY CARE DIAGNOSTIC, INC.	
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Principal Place of Business 5595 ORANGE DRIVE SUITE 208 DAVIE, FL 33314	Mailing Address 5595 ORANGE DRIVE SUITE 208 DAVIE, FL 33314
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1699797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KOZYR, YURIY 5595 ORANGE DRIVE #208 DAVIE, FL 33314	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RNCS KOZYR, YURIY 5595 ORANGE DRIVE #208 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KOZYR, YURIY 5595 ORANGE DRIVE #208 DAVIE, FL 33314
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01/23/08-80025-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Kozyr Y.</b> <b>1/17/08</b> <small>Date Daytime Phone</small>
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