

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044909

FILED
Feb 19, 2009
Secretary of State

Entity Name: ALL SPECIALTY CARE DIAGNOSTIC, INC.

Current Principal Place of Business:

5595 ORANGE DRIVE
SUITE 208
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5595 ORANGE DRIVE
SUITE 208
DAVIE, FL 33314

New Mailing Address:

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
5595 ORANGE DRIVE #208
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: YURIY KOZYR

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date