

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064533

FILED
Apr 02, 2008
Secretary of State

Entity Name: FIRST CLASS MEDICAL DIAGNOSTICS, INC.

Current Principal Place of Business:

3621 MOON BAY CIRCLE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3621 MOON BAY CIRCLE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-4867379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERVILLE, PATRICK
3621 MOON BAY CIRCLE
WELLINGTON, FL 33414 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: P,D () Delete
Name: GERVILLE, PATRICK
Address: 3621 MOON BAY CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: GERVILLE, PATRICK
Address: 3621 MOON BAY CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP () Change (X) Addition
Name: PHILIPPE, JOANE
Address: 5023 SOCIETY PLACE EAST # E
City-St-Zip: WEST PALM BEACH, FL 33415 US

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: JOANE, PHILIPPE

VP

04/02/2008

Electronic Signature of Signing Officer or Director

Date