

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90041 050 ***150.00

DOCUMENT # P06000102999 1. Entity Name CHIROMEDIC MOBILE DIAGNOSTICS, INC.					
Principal Place of Business 9807 NW 80 AVE SUITE F-11 HIALEAH GARDENS, FL 33016			Mailing Address 9807 NW 80 AVE SUITE F-11 HIALEAH GARDENS, FL 33016		
2. Principal Place of Business - No P.O. Box # 9807 NW 80 AVE		3. Mailing Address 9807 NW 80 AVE			
Suite, Apt., etc. F-11		Suite, Apt., etc. F-11			
City & State HIALEAH GARDENS, FL		City & State HIALEAH GARDENS, FL 33016			
Zip 33016		Country U.S.A.		01232008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-4163801				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GUADAGNO, PAUL DR. 9807 NW 80 AVE SUITE F-11 HIALEAH GARDENS, FL 33016	
7. Name and Address of New Registered Agent Name GUADAGNO, PAUL DR. Street Address (P.O. Box Number is Not Acceptable) 9807 NW 80 AVE SUITE F-11 City HIALEAH GARDENS FL 33016				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 Dr. Paul Guadagno DATE 01/29/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUADAGNO, PAUL 9807 NW 80 AVE SUITE F-11 HIALEAH GARDENS, FL 33016		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD ALVAREZ, YUSIMI 9807 NW 80 AVE SUITE F-11 HIALEAH GARDENS, FL 33016		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ARAYA, LISETH 9807 NW 80 AVE #F-11 HIALEAH GARDENS, FL 33016		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		<input type="checkbox"/> Delete		
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 like empowered.				SIGNATURE: X [Signature] DATE 01/29/08 (305) 764-7985 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	