

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000122027

Entity Name: STAT CARE DIAGNOSTICS, INC.

FILED
Nov 07, 2007
Secretary of State

Current Principal Place of Business:

4615 NW 72ND AVENUE #108
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

4615 NW 72ND AVENUE #108
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-5617144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARIO
4615 NW 72ND AVENUE #108
MIAMI, FL 33176 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, MARIO
Address: 4615 NW 72ND AVENUE #108
City-St-Zip: MIAMI, FL 33176

Title: V (X) Delete
Name: INGA, VERONICA R
Address: 4615 NW 72ND AVENUE #108
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIO GARCIA

PD

11/07/2007

Electronic Signature of Signing Officer or Director

Date