

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039800

FILED
May 06, 2009
Secretary of State

Entity Name: DIAGNOCARE INVESTMENTS, INC.

Current Principal Place of Business:

10505 NW 27TH ST.
1
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

10505 NW 27TH ST.
1
DORAL, FL 33172

New Mailing Address:

FEI Number: 26-2126000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, CLEMENT W
Address: 10505 NW 27TH ST. SUITE 1
City-St-Zip: DORAL, FL 33172

Title: SD () Delete
Name: WAHNON, ISAAC
Address: 10505 NW 27TH ST. SUITE 1
City-St-Zip: DORAL, FL 33172

Title: T () Delete
Name: DE COHEN, SUSANA G
Address: 10505 NW 27TH ST. SUITE 1
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CLEMENT COHEN

PD

05/06/2009

Electronic Signature of Signing Officer or Director

Date