
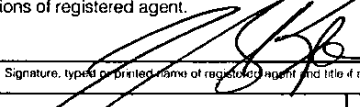
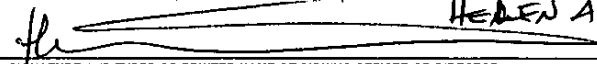


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90017 010 ***150.00

DOCUMENT # P07000099407 1. Entity Name SPECIALTY DIAGNOSTIC INTERNATIONAL, INC.					
Principal Place of Business 4934 S.W. 121 AVE COOPER CITY, FL 33330 US			Mailing Address 4934 S.W. 121 AVE COOPER CITY, FL 33330 US		
2. Principal Place of Business - No P.O. Box #		Mailing Address P.O. Box 290501			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DAVIE FLORIDA			
Zip	Country	Zip 33329-0501013	Country U.S.A.	4. FEL Number 26-0856182	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name ROBERT G. KLEIN, CPA Street Address (P.O. Box Number is Not Acceptable) 6831 IMPERIAL BEACH CIRCLE City DELRAY BEACH FL Zip Code 33446-1630		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		ROBERT G. KLEIN <small>(NOTE: Registered Agent signature required when reinstating)</small>		5/8/08 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARGYROPOULOS, HELEN 4934 S.W. 121 AVE COOPER CITY, FL 33330		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPYS ARGYROPOULOS, HELEN	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		HELEN ARGYROPOULOS 5/8/08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					