

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000011730

Entity Name: M&D MOBILE DIAGNOSTIC IMAGING, INC.

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

6265 BEACONWOOD ROAD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

2411 10TH AVE NORTH
SUITE #4
LAKE WORTH, FL 33461 US

Current Mailing Address:

6265 BEACONWOOD ROAD
LAKE WORTH, FL 33467 US

New Mailing Address:

PO BOX 541176
GREENACRES, FL 33454 US

FEI Number: 26-1868968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSAPHAT, MICHAEL
6265 BEACONWOOD ROAD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

JOSAPHAT, MICHAEL
2411 10TH AVE NORTH
LAKE WORTH, FL 33461 US

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: MICHAEL JOSAPHAT

10/12/2009

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: P () Delete
Name: JOSAPHAT, MICHAEL
Address: 6265 BEACONWOOD ROAD
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP () Delete
Name: JOSAPHAT, DANIE
Address: 6265 BEACONWOOD ROAD
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOSAPHAT, MICHAEL
Address: PO BOX 541176
City-St-Zip: GREENACRES, FL 33454 US

Title: VP (X) Change () Addition
Name: JOSAPHAT, DANIE
Address: PO BOX 541176
City-St-Zip: GREENACRES, FL 33454 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: MICHAEL JOSAPHAT

P

10/12/2009

Electronic Signature of Signing Officer or Director

Date