2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P08000038191

Entity Name: SONICARE DIAGNOSTICS, INC.

Current Principal Place of Business:

2570 GROVELAND AVENUE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

2570 GROVELAND AVENUE
DELTONA, FL 32725

New Mailing Address:

P.O. BOX 391592
DELTONA, FL 32739

FEI Number: 80-0220126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, LARA
2570 GROVELAND AVENUE
DELTONA, FL 32725 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, LARA
Address: 2570 GROVELAND AVENUE
City-St-Zip: DELTONA, FL 32725

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: MILLER, CHARLES E JR,
Address: 2570 GROVELAND AVE.
City-St-Zip: DELTONA, FL 32725

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: LARA MILLER P 04/07/2009

Electronic Signature of Signing Officer or Director — Date