

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000028759

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL DIAGNOSTIC MANAGEMENT, INC.

**Current Principal Place of Business:**

3475 SHERIDAN STREET  
215E  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

3475 SHERIDAN STREET  
215E  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 26-4567047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROZENBERG, MICHAEL  
5245 SW 38TH AVENUE  
FORT LAUDERDALE, FL 33312 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  
Name: ROZENBERG, MICHAEL  
Address: 5245 SW 38TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33312 US

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL ROZENBERG

P

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date