

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P92000004140

1. Entity Name
PHOTON MOBILE DIAGNOSTICS, INC.



Principal Place of Business
**14350 SW 142 AVENUE
MIAMI, FL 33186 US**

Mailing Address
**14350 SW 142 AVENUE
MIAMI, FL 33186 US**



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0424779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROCHETEAU, RALPH
10305 NW 41ST ST.
STE. 111
DORAL, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000733457

05/09/07-80085-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
CABRERA, SERGIO
17290 SW 192 ST.
MIAMI, FL 33187**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROCHETEAU, RALPH
10305 SW 41ST ST., STE. 111
DORAL, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDS
SPOLIANSKY, GABRIEL
1722 VESTAL DRIVE
CORAL SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDS
KORDSMEIER, MICHAEL T
6129 HAYES ST
HOLLYWOOD, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2007

Date

Daytime Phone #