2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004140

Title:

Name: Address:

City-St-Zip:

VDS

() Delete

KORDSMEIER, MICHAEL T

HOLLYWOOD, FL 33024

6129 HAYES ST

Entity Name: PHOTON MOBILE DIAGNOSTICS INC.

FILED Apr 30, 2009 Secretary of State

,		TWO BILL BIJ (OTTOO), ITTO	··		
Current Principal Place of Business:			New Principal Place of Business:		
14350 SW MIAMI, FL	142 AVENUE 33186 US				
Current Mailing Address:			New Mailing Address:		
14350 SW MIAMI, FL	142 AVENUE 33186 US				
FEI Number:	: 65-0424779	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
9360 S.W. SUITE 225					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PDS (CABRERA, SE 17290 SW 192 MIAMI, FL 331	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROCHETEAU,	ID ST., SUITE 225	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VDS (SPOLIANSKY, 2127 BRICKEL MIAMI, FL 331	L AVE., #501	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SERGIO F. CABRERA PDS 04/30/2009

() Change () Addition