


2005 FOR PROFIT CORPORATION ANNUAL REPORT

COY

FILED
Sep 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000022238
 1. Entity Name
 CONCEPT MEDICAL DIAGNOSTIC CENTER, INC.



Principal Place of Business 2290 10TH AVE, NORTH STE 100 LAKE WORTH, FL 33461 US	Mailing Address 2290 10TH AVE, NORTH STE 100 LAKE WORTH, FL 33461 US
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07272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0408611	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SINGER, MICHAEL S ESQ
 3801 PGA BLVD.
 SUITE 802
 WEST PALM BEACH, FL 33410

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO HOFFMAN, MICHAEL D 393 MALLARD POINT JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SARNER, RICHARD A M.D. 168 COMMODORE DRIVE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO SAUL, NEAL G 11 RABBITS RUN WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 09/13/05-80002-006 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 9/9/05 Daytime Phone: 561-540-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR