

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-19-2006 90002 041 ***150.00

FILE# P93000022238


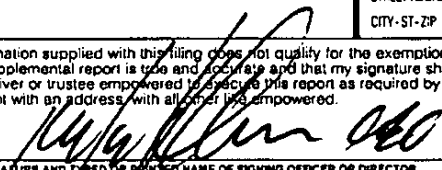
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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05152006 Chg-P CR2E034 (11/05)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0408611	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFMAN, MICHAEL D		NAME		
STREET ADDRESS	393 MALLARD POINT		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33458		CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SARNER, RICHARD A M.D.		NAME		
STREET ADDRESS	168 COMMODORE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33177		CITY - ST - ZIP		
TITLE	DCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAUL, NEAL G		NAME		
STREET ADDRESS	11 RABBITS RUN		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33418		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address with all other individuals empowered.					
SIGNATURE: 			Date: 6/15/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

561-993-2244
EX 3