

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022238

FILED
Apr 23, 2007
Secretary of State

Entity Name: CONCEPT MEDICAL DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

2290 10TH AVE, NORTH
STE 100
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

2290 10TH AVE, NORTH
STE 100
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 65-0408611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BLVD.
SUITE 802
WEST PALM BEACH, FL 33410 US

Name and Address of New Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BLVD.
SUITE 604
WEST PALM BEACH, FL 33410 US

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: MICHAEL S. SINGER

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: HOFFMAN, MICHAEL D
Address: 393 MALLARD POINT
City-St-Zip: JUPITER, FL 33458

Title: DP () Delete
Name: SARNER, RICHARD A M.D.
Address: 168 COMMODORE DRIVE
City-St-Zip: MIAMI, FL 33177

Title: DCFO () Delete
Name: SAUL, NEAL G
Address: 11 RABBITS RUN
City-St-Zip: WEST PALM BEACH, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL HOFFMAN

DCEO

04/23/2007

Electronic Signature of Signing Officer or Director

Date