

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # P93000030823 1. Entity Name MMB DIAGNOSTICS, INC.	
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Principal Place of Business 601 OAK COMMONS BLVD KISSIMMEE, FL 34741 US	Mailing Address 601 OAK COMMONS BLVD KISSIMMEE, FL 34741 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3181783	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

MATHIAS, PATRICK F
601 OAK COMMONS BLVD
KISSIMMEE, FL

**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, 2008 Fee will be \$550.00

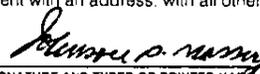
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000798224
01/30/08-80020-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, JOHNSON P 601 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIAS, PATRICK F 601 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, ROBERT L 601 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDIR, RODOLFO E MD 601 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIM, THOMAS Y MD 601 OAK COMMONS BLVD KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADDU, PRASHANTA A MD 601 OAK COMMONS BLVD KISSIMMEE, FL 34741

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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:  *STOWNS MASSEY /-2208P 497 846-0624*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #