

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062394

FILED
Apr 28, 2009
Secretary of State

Entity Name: CANCER DIAGNOSTIC SERVICES, INC.

Current Principal Place of Business:

1451 S.W. 1ST STREET
4
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1451 S.W. 1ST STREET
4
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0438006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEEGERS, CARMEN LUIS
5555 COLLINS AVE
17G
MIAMI, BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEEGERS, CARMEN LUIS
Address: 5555 COLLINS AVE 17G
City-St-Zip: MIAMI, BEACH, FL 33140

Title: D () Delete
Name: LUIS, EUGEN
Address: 1451 S.W. 1ST STREET
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LLERENA, SARA N
Address: 1451 S.W. 1ST STREET
City-St-Zip: MIAMI, FL 33135

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.

SIGNATURE: CARMEN LUIS STEEGERS

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date