2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

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DOCUMENT # P93000069029 1. Entity Name DIAGNOSTIC PARTS EXCHANGE, INC.							90051 006 ***15	
Principal Plac	e of Business	Mailing Address			• /			
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110 PORRO		PO BOX 2069			4.7			
QUINCY, FL	32351 US	QUINCY, FL 32353-20	199 N2			•		
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2. Principal P	face of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		010	72008 C	Chg-P	CR2E034 (12/06)	
City & State		City & State		1	Number 9-3338920)	<u> </u>	oplied For
Zip	Country	Zip	Country		ertificate of Sta		□ \$8.75 Add	ditional
	6. Name and Address of Curren	Registered Agent	1	7 1	me and Add-	see of Name Pr	Fee Require	nu .
—	5. Name and Address of Corren	- Main	Name	/. N	THE BILD ADDIT		gistered Agent	
RICHMON	D, HAROLD S	\	INGILIE	(acl	YOUN	inator	2	
	FERSON ST		Street A	ddreşs (P.O. Bo				
QUINCY, F		asea)		215	5. Mo	NOC	Stratt	
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			City	T-11-1			FL Zig Cod	ا سح
8. The above	named entity submits this statement f	or the ournose of channing its	registered office or	registered and	nt or both in ti	no Slato of Flori		Corlespond
the obligat	ions of registered agent.	or the purpose of origing to	registored effect of	registered age	int, Or 50th, 11 to	ia State Of FIOR	oa. Tam iamilai wim,	and accept
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16.5							A 47	
X SIGNATURE_						-UUV	0.0	
SIGNATURE_	Signature, typed or printed name of registered agen	1 and title if applicable. (NOTI	E: Registered Agent signatu	ura raquired when raid	staling)	-1117	60 € .	
FIL	Signature Typed or printed name of registered agent E NOWIII FEE IS \$150.00 By 1, 2008 Fee will be \$550.	9. Election Campa	ign Financing	\$5.00 Ma Added to F	ву Ве	_1717		
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12. I hereby certify that the information supplied with this filing does not quality 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.

SIG	NATI	URE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08

850-627-4142 Daylane Phone #