


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90147 015 \*\*\*158.75

<b>DOCUMENT # P94000030457</b>		
1. Entity Name TOMOKA DIAGNOSTICS, INC.		

Principal Place of Business 1510 MASON AVE DAYTONA BEACH, FL 32117 US	Mailing Address 1620 MASON AVE. DAYTONA BEACH, FL
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2. Principal Place of Business	3. Mailing Address 1430 MASON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Daytona Bch FL	City & State
Zip 32117	Country USA

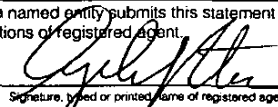


04192006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3237529	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORTOLANI, ANGELA J 1620 MASON AVE., STE C DAYTONA BEACH, FL 32117	7. Name and Address of New Registered Agent Name: Ortolani Angela J Street Address (P.O. Box Number is Not Acceptable) 1430 MASON AVE City: Daytona Bch FL Zip Code: 32117
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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:  DATE: 4/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ORTOLANI, JOHN A 1430 MASON AVE. DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ORTOLANI, J 1430 MASON AVE. DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 4/25/06 386-2743601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR