

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 001 ***150.00

DOCUMENT # P94000059383 1. Entity Name THERA-DIAGNOSTICS & MEDICAL SUPPLIES, INC.					
Principal Place of Business 2700 W OAKLAND PARK BLVD STE 18-A FT LAUDERDALE, FL 33311 US			Mailing Address 2700 W OAKLAND PARK BLVD STE 18-A FT LAUDERDALE, FL 33311 US		
2. Principal Place of Business 17555 COLLINS AVENUE Suite, Apt. #, etc. APT. 2202 City & State SUNNY ISLES BEACH, FL Zip 33160 Country USA		3. Mailing Address 17555 COLLINS AVENUE Suite, Apt. #, etc. APT. 2202 City & State SUNNY ISLES BEACH, FL Zip 33160 Country USA			
01272006 Chg-P CR2E034 (11/05)				4. FEI Number 65-0512487	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HIRSCHENSON, HAROLD 3659 NW 91ST LN SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17555 COLLINS AVENUE APT. 2202 City SUNNY ISLES BEACH FL Zip Code 33160		
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: <u>1/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIRSCHENSON, HAROLD 3659 NW 91ST LN SUNRISE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIRSCHENSON, HAROLD 17555 COLLINS AVENUE, #2202 SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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: <u>1/28/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					