

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000067983

FILED
Jun 24, 2005
Secretary of State**Entity Name:** HEALTH CARE DIAGNOSTIC & EQUIPMENT SERVICES INC.**Current Principal Place of Business:**7811 CORAL WAY
SUITE 131
MIAMI, FL 33155**New Principal Place of Business:****Current Mailing Address:**7811 CORAL WAY
SUITE 131
MIAMI, FL 33155**New Mailing Address:****FEI Number:** 65-0520125**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PAGES, OSCAR
7811 CAROL WAY
MIAMI, FL 33155 US**Name and Address of New Registered Agent:**PEREZ, VLADIMIR I
7811 CAROL WAY
MIAMI, FL 33155 US

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: VLADIMIR I. PEREZ

06/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: PAGES, OSCAR
Address: 7811 CORAL WAY, SUITE 131
City-St-Zip: MIAMI, FL 33155**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: PEREZ, VLADIMIR I
Address: 7811 CORAL WAY, SUITE 131
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VLADIMIR I. PEREZ

PRES

06/24/2005

Electronic Signature of Signing Officer or Director

Date