

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000084245

1. Entity Name
DIAGNOSTIC TESTING GROUP, INC.



Principal Place of Business
**C/O HAROLD GOBSTEIN
1836 MONTE CARLO WAY
CORAL SPRINGS, FL 33071 US**

Mailing Address
**C/O HAROLD GOBSTEIN
1836 MONTE CARLO WAY
CORAL SPRINGS, FL 33071 US**



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0629116

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEINBERG, STEVEN A ESQ
7805 SW SIXTH COURT
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000557484
05/17/06-80053-005 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D |
| NAME | GOBSTEIN, HAROLD |
| STREET ADDRESS | 1836 MONTE CARLO WAY |
| CITY- ST- ZIP | CORAL SPRINGS, FL 33071 |
| TITLE | D |
| NAME | CIANCIULLI, STEPHEN |
| STREET ADDRESS | 1581 BRICKEL AVE, APT 2307 |
| CITY- ST- ZIP | MIAMI, FL 33129 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: Harold Gobstein, HAROLD GOBSTEIN, DIRECTOR 4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #