

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002708

FILED
Feb 07, 2006
Secretary of State

Entity Name: MEDICAL AND DIAGNOSTIC CENTER, INC.

Current Principal Place of Business:

1490 WEST 49TH ST.
SUITE 390
HIALEAH, FL 33012

New Principal Place of Business:

5727 NW. 7 ST
SUITE 283
MIAMI, FL 33126

Current Mailing Address:

692 WEST 29 ST
SUITE 9
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0636929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASSE, NELSON
10 S.W. 130TH AVE.
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

RASSE, NELSON
7262 SW. 122 CT.
MIAMI, FL 33183 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: NELSON RASSE

02/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RASSE, NELSON
Address: 10 S.W. 130TH AVE.
City-St-Zip: MIAMI, FL 33184

Title: STD () Delete
Name: RASSE, NORMA
Address: 10 S.W. 130TH AVE.
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RASSE, NELSON
Address: 7262 SW. 122 CT.
City-St-Zip: MIAMI, FL 3183

Title: STD (X) Change () Addition
Name: RASSE, NORMA
Address: 7262 SW. 122 CT.
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NELSON RASSE

D

02/07/2006

Electronic Signature of Signing Officer or Director

Date