2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Marcia C. Sasso

Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90844 008 ***150.00 DOCUMENT # P96000018271 1. Entity Name JFK DIAGNOSTICS, INC. 4000000 Mailing Address Principal Place of Business 517 NE 4TH AVE. 5663 NW 29TH ST. DEERFIELD BEACH, FL 33441 MARGATE, FL 33069 04202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0645250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SASSO, MARCIA C DO NOT WRITE 517 NE 6TH AVE DEERFIELD BEACH, FL 33441 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SASSO, MARCIA C NAME STREET ADDRESS 517 NE 6TH AVE DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP not, qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or se of the corporation or the received. supplied with this fili does ental report is true and r trustee empowered to changed, or on an attachm

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