

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005352

Entity Name: NEURO DIAGNOSIS INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

1300 CORAL WAY
202
MIAMI, FL 33183

New Principal Place of Business:

3661 S. MIAMI AVE.
210
MIAMI, FL 33133

Current Mailing Address:

P O BOX 143613
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 65-0719613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NODARSE, ALBERTO RAMON
7609 SW 141 AVE
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NODARSE, ALBERTO RAMON
Address: 7609 SW 141 AVE
City-St-Zip: MIAMI, FL 33183

Title: STD () Delete
Name: NODARSE, LORETA
Address: 7609 SW 141 AVE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBERTO R. NODARSE

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date