2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2007
Secretary of State

DOCUMENT# P97000005352

Entity Name: NEURO DIAGNOSIS INC.

Current Principal Place of Business:

3661 S. MIAMI AVE.
210
MIAMI, FL 33133

New Principal Place of Business:

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 01/27/2007

Electronic Signature of Signing Officer or Director Date