2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099186

Entity Name: NEURO DIAGNOSTICS & I.O.M., INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5570 NW 44TH ST 5001 SW 20TH STREET 2010 404A

LAUDERHILL, FL 33319 OCALA, FL 34474

Current Mailing Address: New Mailing Address:

5570 NW 44TH ST 5001 SW 20TH STREET 404A 2010

LAUDERHILL, FL 33319 OCALA, FL 34474 US

FEI Number: 65-0795786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTIN, MICHELE DICRESCENZO, ANGELA 5570 NW 44TH STREET 3170 N FEDERAL HIGHWAY 103C

#404A

LAUDERHILL, FL 33319 US LIGHTHOUSE POINT, FL 33064 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: ANGELA DICRESCENZO 04/28/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MARTIN, MICHELE L MARTIN, MICHELE L Name: Name: 5570 NW 44TH STREET 404A Address: 5001 SW 20TH ST #2010 Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Ρ SIGNATURE: MICHELE MARTIN 04/28/2004