2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000002539

1. Entity Name

MEDICALL DIAGNOSTIC SERVICES, INC.



Principal Place of Business

351 NW LE JEUNNE RD

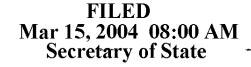
#101 MIAMI, FL 33126

Mailing Address

351 NW LE JEUNNE RD

#101

MIAMI, FL 33126





DO NOT WRITE IN THIS SPACE

02152004 No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0808060 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL VALLE, MARIO G 351 NW LE JEUNNE RD MIAMI, FL 33126

SIGNATURE:

SIGNATURE AND TYPED

DO NOT WRITE 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, if am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered agent and title it applicable)				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000088251 03/15/04-80044-012 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL VALLE, MARIO G 13250 SW 71 ST MIAMI, FL 33183				
TITLE NAME STREET ADDRESS CITY-SY-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CNY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Borida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					

NG OFFICER OR DIRECTOR