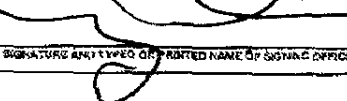


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000003118		
1. Entity Name MEDICAL SPECIALTIES & DIAGNOSTIC SERVICES, INC.		
Principal Place of Address 600 CORTLAND ST STE 100 ORLANDO, FL 32804		Mailing Address 5 CORPORATE CENTER DR STE 101 MELVILLE, NY 11747
DO NOT WRITE IN THIS SPACE		
		07072004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3490258		Applying For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
2. Name and Address of Current Registered Agent		
GABE INFERATO, ESQ / BROAD & CASSEL 1 FINANCIAL PLAZA STE 2700 FT LAUDERDALE, FL 33394		DO NOT WRITE IN THIS SPACE
3. This entity has filed 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 information in this statement.		
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9 Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
07/19/04-80014-001 550.00		
10. OFFICERS AND DIRECTORS		
NAME STREET ADDRESS CITY-STATE-ZIP	PTD DAMADIAN, TIMOTHY 110 MARCUS DRIVE MELVILLE, NY 11747	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-STATE-ZIP	VSC RCORRIGO, XAVIER 110 MARCUS DR MELVILLE, NY 11747	
NAME STREET ADDRESS CITY-STATE-ZIP		
NAME STREET ADDRESS CITY-STATE-ZIP		
NAME STREET ADDRESS CITY-STATE-ZIP		
NAME STREET ADDRESS CITY-STATE-ZIP		
12. The undersigned hereby certifies that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida 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 oath, that I am an officer or director of the corporation or an officer or director employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report or an attachment with an address, without other like empowered.		
SIGNATURE: 		Timothy Damadian, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		631-396-1050