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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000003118

1. Entity Name
MEDICAL SPECIALTIES & DIAGNOSTIC SERVICES, INC.

Principal Place of Business	Mailing Address
600 CORTLAND ST STE 100 ORLANDO, FL 32804	5 CORPORATE CENTER DR STE 101 MELVILLE, NY 11747

07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3490258
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABE INPERATO, ESQ / BROAD & CASSEL
1 FINANCIAL PLAZA
STE 2700
FT LAUDERDALE, FL 33394

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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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: _____
Signature of new registered agent and new application. (NOTE: Registered Agent signature required when reinstated)

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

000001671170
07/19/04-80014-001 550.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DAMADIAN, TIMOTHY
STREET ADDRESS	110 MARCUS DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	VSC
NAME	RODRIGO, XAVIER
STREET ADDRESS	110 MARCUS DR
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy Damadian, President 631-396-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #