

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

05 FEB 23 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07072004 No Chg-P CR2E034 (10/03)

DOCUMENT # P98000003118

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



Principal Place of Business

600 CORTLAND ST  
STE 100  
ORLANDO, FL 32804

Mailing Address

6 CORPORATE CENTER DR  
STE 101  
MELVILLE, NY 11747

**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

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

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/05

**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

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
RODRIGO, XAVIER  
110 MARCUS DR.  
MELVILLE, NY 11747

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000044500940  
01/11/05-01015-015 \*\*750.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

Timothy Damadian, President 2/1/05 631-396-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #