





**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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			
		01112006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3490258	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$330.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		1100000398529 01/31/06-80001-016 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
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			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 	Daytime Phone # 631-396-1050