

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Jul 17, 2007 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**



07112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3490258</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

000000769259  
07/17/07-80005-011 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Timothy Damadian, President**

Date

Daytime Phone #

**7/13/07 631-3910-1050**