## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 17, 2007 08:00 AM DOCUMENT # P98000013597 **Secretary of State** 1. Entity Name PROGRESSIVE DIAGNOSTICS, INC. Principal Place of Business Mailing Address 3699 VISTA WAY 3699 VISTA WAY WESTON, FL 33331 WESTON, FL 33331 No Chg-P CR2E034 (11/05) 01122007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0812733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RUBIN, LAWRENCE 3699 VISTA WAY WESTON, FL 33331 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 (NOTE: Registered Agent signature required when reinstating) U00000588940 Signature, typed or printed name of registered agent and title if applicable <del>01/17/07-80090-002-150.00</del> 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE RUBIN, LAURENCE T NAME STREET ADDRESS 3699 VISTA WAY CITY-ST-ZIP WESTON, FL 33331 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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 perfort of 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 to see 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 or an attachment with an advices, with all entire like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C!TY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-7IP