

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058659

FILED
Jun 28, 2006
Secretary of State

Entity Name: BEST DIAGNOSTIC CARE SERVICES II, INC.

Current Principal Place of Business:

7229 A CORAL WAY
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7229 A CORAL WAY
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0847562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASADEMONT, ANDRES
19311 EAST OAKMONT DR.
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

CASADEMONT, ANDRES
7229A CORAL WAY
MIAMI, FL 33155 US

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.

SIGNATURE: ANDRES J. CASADEMONT

06/28/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O (X) Delete
Name: GARCIA, JORGE L
Address: 4775 COLLINS AVE., #4107
City-St-Zip: MIAMI BEACH, FL 33140

Title: O () Delete
Name: CASADEMONT, ANDRES J
Address: 7229 A CORAL WAY
City-St-Zip: MIAMI, FL 33155

Title: O () Delete
Name: BASTISTA, BETTY
Address: 7229 A CORAL WAY
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES J. CASADEMONT

CEO

06/28/2006

Electronic Signature of Signing Officer or Director

Date