## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000078047

Entity Name: GRAND MEDICAL DIAGNOSTICS, INC.

FILED Sep 05, 2006 Secretary of State

| <b>Current Principal Place of Busines</b>   | s: New Principal Place                              | of Business:                            |
|---|---|---|
| 6541 44TH STREET N.<br>6001<br>PINELLAS PARK, FL 33781 US                               |   |   |
| Current Mailing Address:  | New Mailing Addres                                  | s:                                      |
| 6541 44TH STREET N<br>6001<br>PINELLAS PARK, FL 33781 US                                |   |   |
| FEI Number: 59-3531195 FEI Number   | r Applied For ( ) FEI Number Not Applicable ( )     | Certificate of Status Desired ( )       |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   | of New Registered Agent:                |
| BOARIU, IOAN<br>6541 44TH STREET N<br>6001<br>PINELLAS PARK, FL 33761 US                |   |   |
| The above named entity submits this in the State of Florida.                            | statement for the purpose of changing its registere | ed office or registered agent, or both, |
| SIGNATURE:  |   |   |
| Electronic Signature  | of Registered Agent                                 | Date                                    |
| In accordance with s. 607.193(2)(b), F.S., th   | ne corporation did not receive the prior notice.    |   |

Election Campaign Financing Trust Fund Contribution ( ). OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: BOARIU, JOAN Name: BOARIU, IOAN

Address: 6541 44TH STREET N SUITE 6001 Address: 6541 44TH STREET N SUITE 6001 City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: PINELLAS PARK, FL 33781

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: IOAN BOARIU PRES 09/05/2006