2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# P99000068319

Entity Name: TRANS-IMAGING DIAGNOSTIC MEDICAL CENTER, CORP.

Current Principal Place of Business:

42 NW 27TH AVE
304A
MIAMI, FL 33125

New Principal Place of Business:

330 SW 27TH AVE
402
MIAMI, FL 33135

Current Mailing Address:

42 NW 27TH AVE
304A
MIAMI, FL 33125

New Mailing Address:

330 SW 27 TH AVE
402
MIAMI, FL 33135

FEI Number: 65-1008407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORENZO, JOSE W
42 NW 27TH AVE
SUITE 304A
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

LORENZO, JOSE W
330 SW 27TH AVE
SUITE 402
MIAMI, FL 33135 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: JOSE W LORENZO 03/21/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LORENZO, JOSE W
Address: 11716 S.W. 143RD AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSE W LORENZO PD 03/21/2006
Electronic Signature of Signing Officer or Director Date