


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # S77013</b> 1. Entity Name DIAGNOSTIC MANAGEMENT, INC.		
Principal Place of Business 1900 GLADES RD. SUITE 100 BOCA RATON, FL 33431 US	Mailing Address 2295 NW CORPORATE BLVD #140 BOCA RATON, FL 33431 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PRUDEN, JAMES 980 N. FEDERAL HWY #404 BOCA RATON, FL 33432		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, GARY 2295 NW CORPORATE BLVD #140 BOCA RATON, FL 33431	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <u>4/18/06</u> Daytime Phone # _____		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0305192	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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05/05/06-80005-012 158.75

**DO NOT WRITE  
IN THIS SPACE**