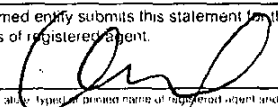
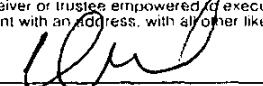


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN -3 AM 9:03

DOCUMENT # V22026					
1. Entity Name ALFA DIAGNOSTIC MOBILE SERVICES INC.					
Principal Place of Business 8370 W FLAGLER ST SUITE 246 MIAMI, FL 33144 US			Mailing Address 8370 W FLAGLER ST SUITE 246 MIAMI, FL 33144 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0320663	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALACIOS, HECTOR A. 8370 W FLAGLER STREET SUITE 246 MIAMI, FL 33144				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 				DATE 12-17-05	
SIGNATURE (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00				100062355831 12/22/05--01042--006 **750.00	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	PALACIOS, HECTOR A.		NAME	PALACIOS Emmanuel, H	
STREET ADDRESS	8370 W FLAGLER ST STE 246		STREET ADDRESS	8370 W Flagler St. # 246	
CITY- ST- ZIP	MIAMI, FL		CITY- ST- ZIP	MIAMI FL 33144	
TITLE	VD	☐ Delete	TITLE	PALACIOS Julian P.	☐ Change ☒ Addition
NAME	PALACIOS, GLORIA P		NAME	8370 W. Flagler St. # 246	
STREET ADDRESS	8370 W FLAGLER ST, STE 246		STREET ADDRESS	MIAMI FL 33144	
CITY- ST- ZIP	MIAMI, FL 33144		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Vice President.				DATE 12-17-05 305-554-1737	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

11/3 20