

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V43717

FILED
Jan 13, 2005
Secretary of State

Entity Name: MACHINE DIAGNOSTICS OF FLORIDA, INC.

Current Principal Place of Business:

3943 EDIDIN DRIVE
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11823
JACKSONVILLE, FL 32239 US

New Mailing Address:

FEI Number: 59-3128932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, W.A.
3943 EDIDIN DRIVE
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERTSON, W.A.,
Address: 3943 EDIDIN DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: ROBERTSON, JASON B
Address: 12273 BUCKS HARBOR DRIVE, SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: ROBERTSON, JUSTIN A
Address: 3943 EDIDIN DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROBERTSON, W.A.,
Address: 3943 EDIDIN DRIVE
City-St-Zip: JACKSONVILLE, FL

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 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 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: W. A. ROBERTSON

PRES

01/13/2005

Electronic Signature of Signing Officer or Director

Date