


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90029 024 \*\*\*158.75

DOCUMENT # G64522			
1. Entity Name AMBULATORY DIAGNOSTIC CENTER, INC.			
Principal Place of Business 747 PONCE DE LEON BLVD CORAL GABLES, FL 33134		Mailing Address 760 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04022008		Chg-P	CR2E034 (12/06)
4. FEI Number 59-2327618		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRACERAS, WILFRED 590 W. 20TH ST. HIALEAH, FL 33010		Name <b>Braceras, Wilfred</b> Street Address (P.O. Box Number is Not Acceptable) <b>760 Ponce De Leon Blvd.</b> City <b>Coral Gables</b> FL Zip Code <b>33134</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		Wilfred Braceras, Pres & CEO	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD BRACERAS, WILFRED <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACERAS, WILFRED	NAME	<b>Braceras, Wilfred</b>
STREET ADDRESS	590 W. 20TH ST.	STREET ADDRESS	<b>760 Ponce De Leon Blvd.</b>
CITY-ST-ZIP	HIALEAH, FL	CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Wilfred Braceras</u>		Wilfred Braceras, Pres & CEO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	04/14/08
		Daytime Phone #	