2006 FOR PROFIT CORPORATION

Apr 17 2006 08:00 AN e

ANNUAL KEPUKI				12.2	- Apr 1/, 2000, 00:00
DOCUMENT # G64522 1. Entity Name					Secretary of Stat
	TORY DIAGNOSTIC CENT	ER, INC.			
Principal Plac	e of Business	Mailing Address			
747 PONCE	DE LEON BLVD	590 WEST 20TH STREET			
CORAL GABL	ES, FL 33134	HIALEAH, FL 33010 US			
	A NAT WATE	IN THIS ODA	^_	01062006	No Chg-P CR2E034 (11/05)
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				59-232	\$9.75 Additional
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Mary and the state of the state	er en	5. Certificate	of Status Desired Fee Required
Name and Address of Current Registered Agent					
BRACERAS, WILFRED DO NOT WRITE					
590 W. 20TH ST.				- -	
HIALEAH, FL 33010				IN .	THIS SPACE
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					
	ions of registered agent.		~	•	· ·
SIGNATURE.					
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE Registers	ed Agent signature required	when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees	
10.	OFFICERS AND I	DIRECTORS			
TITLE	PD		1		
NAME STREET AUDRESS	BRACERAS, WILFRED 590 W. 20TH ST.				
CITY-ST-ZIP	HIALEAH, FL				U00000514585 04/29/06-80176-025 158_75
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CITY-ST-ZIP					
	certify that the information expoling with	Alice of the color of the color	<u> </u>	1:- 0:	

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 attachagent with an address, with all other like empowered.

SIGNATURE:

C) I hed Bracers' PRESIDENT SIGNATUM AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/06

Date Daytime Phone #