


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90084 004 ***158.75

DOCUMENT # G64522 1. Entity Name AMBULATORY DIAGNOSTIC CENTER, INC.	
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Principal Place of Business 747 PONCE DE LEON BLVD CORAL GABLES, FL 33134	Mailing Address 590 WEST 20TH STREET HIALEAH, FL 33010 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>760 Ponce de Leon Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Coral Gables FL</i>
Zip	Country
Country	Zip <i>33134</i>
	Country <i>Florida</i>

40075923



02052007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2327618	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRACERAS, WILFRED 590 W. 20TH ST. HIALEAH, FL 33010	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRACERAS, WILFRED 590 W. 20TH ST. HIALEAH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: WILFRED BRACERAS, PRESIDENT *Wilfred Bracer* *04/11/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #