


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # G64522</b> 1. Entity Name <b>AMBULATORY DIAGNOSTIC CENTER, INC.</b>					
Principal Place of Business <b>747 PONCE DE LEON BLVD CORAL GABLES, FL 33134</b>			Mailing Address <b>760 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022008    Chg-P    CR2E034 (12/06)	
City & State		City & State		4. FEI Number <b>59-2327618</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRACERAS, WILFRED 590 W. 20TH ST. HIALEAH, FL 33010</b>				7. Name and Address of New Registered Agent 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> <b>FL</b> 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.  <div style="text-align: center;"> <b>Wilfred Braceras, Pres &amp; CEO</b> </div> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		_____	
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	PD Braceras, Wilfred 760 Ponce De Leon Blvd. Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Wilfred Braceras</u> <b>Wilfred Braceras, Pres &amp; CEO</b> 04/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					