

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
SARAH B. MARTINEZ
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 PM 10:19

DOCUMENT # K57773

(9)

1. Corporation Name

DIAGNOSTIC THERAPY CENTER, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**140 W BOYNTON BEACH BLVD
BOYNTON BEACH FL 33435
US**

Mail Stop Address

**P.O. BOX 399
BOYNTON BEACH FL 33425**

(Do not write in this space)

2. Filing Agent's Name

21

Name Agent

22

Name Agent

23

Name Agent

24

Name Agent

USA

2b. Filing Agent's Name

26

Name Agent

27

Name Agent

28

Name Agent

29

Name Agent

USA

3. Date of Incorporation or Organization

01/12/1989

3a. Date of Last Report

05/01/1994

4. Filing Agent's Number

65-0105397

Application for

☐ Not Application

5. Certificate of Status Document

**\$8.75 Additional
Fee Required**

6. Fee for Change of Name and
Filing Agent's Number

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for outstanding tax under Sec. 179(c),
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HORWITZ, WAYNE, CPA
3511 W COMMERCIAL BLVD
SUITE 402
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (If Not Registered, Not Applicable)

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above corporation reports the statement for the purpose of changing its registered agent as requested, and that the date of the filing of this report was authorized by the corporation. I understand that the corporation is required to file this report with the Department of State, and that the corporation is required to pay the filing fee.

SIGNATURE

12. Name of Agent

**PD
ROSEN, GREGG
136 W BOYNTON BCH BLVD
BOYNTON BEACH FL**

13. Name of Agent

14. Name of Agent

15. Name of Agent

16. Name of Agent

17. Name of Agent

18. Name of Agent

19. Name of Agent

20. Name of Agent

21. Name of Agent

22. Name of Agent

23. Name of Agent

24. Name of Agent

25. Name of Agent

26. Name of Agent

27. Name of Agent

28. Name of Agent

29. Name of Agent

30. Name of Agent

31. Name of Agent

32. Name of Agent

33. Name of Agent

34. Name of Agent

35. Name of Agent

36. Name of Agent

37. Name of Agent

38. Name of Agent

39. Name of Agent

40. Name of Agent

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR