2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIOM

FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90135 018 ****61.25

DOCUMENT # N0000004779 1. Entity Name CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.									90135 018 **	***6]	1.25
1401 S. FEDERAL HWY			1401 S. F	Mailing Address 1401 S. FEDERAL HWY FT LAUDERDALE, FL 33316				U431			::
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03202006	Chg-NP	CR2E037 (11/	05)	
City & State			City & State				4. FEI Numbe 65-102				plied For t Applicable
Zip	<u> </u>				untry	5. Certificate of Status Desired S8.75 Addition Fee Required					
ļ	6. Name	and Address of Current F	Registered Ag	ent			7. Name and	Address of New R	legistered Agent		
SCHERE	NALLIAN S	MR IR				Name Z	aura	Sei de	nau		
SCHERER, WILLIAM R JR 633 S FEDERAL HWY, 8TH FLOOR FT LAUDERDALE. FL 33301						Street Address	s (P.O. Box Numbe	er is Not Acceptable			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 3333.					3 SE	17 St.			
						City FT.	Lauder	dale	FL 🚆	Code	16
8. The above	named entit	y submits this statement for	the purpose of	of changing its	register	ed office or regist	tered agent, or bot	h, in the State of Fig	orida. I am familiar	with,	and accept
trie obligat	tions of regist	tered agent.	_					- /-	-		
SIGNATURE 3/23/06											
	Signature, typed	or onted name of registered agent a	nd title if applicable	. (NOT	E: Registere	d Agent signature requi	red when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Cam Due by May 1, 2006 Trust Fund Co						.					
		flay 1, 2006			Contribut		\$5.00 May B Added to Fees	Flor	lake check paya ida Department	of Sta	ate
10.	Due by N		ECTORS	Trust Fund (Contribut	ion, 🗆	Added to Fees		ida Department	of Sta	10
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	C MILLSAP	flay 1, 2006	ECTORS	Trust Fund (11.	ion.	Added to Fees	Flor	ida Department	of Sta	10
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