2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N00000004779

Entity Name: CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.

Current Principal Place of Business:

1401 S. FEDERAL HWY
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1401 S. FEDERAL HWY
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-1026739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KISHBAUGH, TROY A
303 SE 17 ST
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	GILCHRIST, DEBORAH	
Address:	350 EAST LAS OLAS BOULEVARD STE 1800	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	VCFO	( ) Delete
Name:	NASK, FRANK	
Address:	303 SE 17 STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	VC	( ) Delete
Name:	MACCARTNEY, SHARI	
Address:	110 SE 6TH STREET, 15TH FLOOR	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	S	( ) Delete
Name:	BROWN, RUTH	
Address:	340 SUNSET DRIVE, #1411	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	T	( ) Delete
Name:	BREEN, DEBORAH	
Address:	303 SE 17TH STREET	
City-St-Zip:	FT. LAUDERDALE, FL 33316	
Title:	D	( ) Delete
Name:	AMBROSE, JUDITH	
Address:	4720 NE 25TH AVENUE	
City-St-Zip:	FT. LAUDERDALE, FL 33308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	NASK, FRANK	
Address:	303 SE 17 STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK NASK P 05/12/2009

Electronic Signature of Signing Officer or Director — Date