

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004779

FILED
Apr 03, 2012
Secretary of State

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

Current Principal Place of Business:

1401 S FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1401 S FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-1026739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOREN, SAMUEL S
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: P
Name: VERNON, IRA
Address: 9504 SEA TURTLE DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: V
Name: MILLER, GINNY
Address: 1809 SE 7TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: T
Name: BREEN, DEBORAH
Address: 303 SE 17TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S
Name: EDISON, NANCY
Address: 333 LAS OLAS WAY # 2710
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D
Name: NASK, FRANK
Address: 303 SE 17TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D
Name: FERNANDEZ, MIGUEL
Address: 2515 MONTCLAIRE CIRCLE
City-St-Zip: WESTON, FL 33327

I hereby 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 all other like empowered.

SIGNATURE: STEWART WECHSLER

DOF

04/03/2012

Electronic Signature of Signing Officer or Director

Date