

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90195 006 \*\*\*150.00

<b>DOCUMENT # P00000071617</b> 1. Entity Name <b>ROSE MED DIAGNOSTIC CENTER, INC.</b>					
Principal Place of Business <b>2070 NE 8TH ST HOMESTEAD, FL 33033</b>			Mailing Address <b>2070 NE 8TH ST HOMESTEAD, FL 33033</b>		
2. Principal Place of Business <b>1235 N KROME AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1235 N KROME AVE</b> Suite, Apt. #, etc.			
City & State <b>HMSTD FL</b>		City & State <b>HMSTD FL</b>		4. FEI Number <b>65-1029869</b>	
Zip <b>33030</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ACOSTA, NILDA 1235 N KROME AVE HOMESTEAD, FL 33030</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ACOSTA, NILDA R 1235 N. KROME AVE HOMESTEAD, FL 33030</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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> 			4/24/06 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					