


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90010 026 \*\*\*150.00

DOCUMENT # P01000098995	
1. Entity Name MANATEE DIAGNOSTIC CENTER, INC.	

Principal Place of Business 300 RIVERSIDE DR EAST, STE 4300 BRADENTON, FL 34208-1025	Mailing Address 300 RIVERSIDE DR EAST, STE 4300 BRADENTON, FL 34208-1025
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40031600



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0544362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GRAHAM, JR., ANGUS W DR. 300 RIVERSIDE DR EAST, STE 4300 BRADENTON, FL 34208-1025	<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, JR, ANGUS W 300 RIVERSIDE DRIVE EAST SUITE 4300 BRADENTON, FL 342081025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, DAVIS W 300 RIVERSIDE DR. E STE 4300 BRADENTON, FL 34208
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Angus W. Graham, Jr. ANGUS W. GRAHAM, JR 02/17/06 941 747-3034  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #