

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106417

FILED
Apr 28, 2005
Secretary of State

Entity Name: F.R. DIAGNOSTIC TREATMENT CENTER, INC.

Current Principal Place of Business:

1051 SE 8TH AVE.
HIALEAH, FL 330105611

New Principal Place of Business:

1840 W 49 ST
SUITE 311
HIALEAH, FL 33012

Current Mailing Address:

1051 SE 8TH AVE.
HIALEAH, FL 330105611

New Mailing Address:

1840 W 49 ST
SUITE 311
HIALEAH, FL 33012

FEI Number: 05-0536642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUTIERREZ, EMERITA
1051 SE 8TH AVE.
HIALEAH, FL 330105611 US

Name and Address of New Registered Agent:

GUTIERREZ, EMERITA
1840 W 49 ST
SUITE 311
HIALEAH, FL 33012 US

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: EMERITA GUTIERREZ

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUTIERREZ, EMERITA
Address: 1051 SE 8TH AVE.
City-St-Zip: HIALEAH, FL 330105611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUTIERREZ, EMERITA
Address: 1840 W 49 ST SUITE 311
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMERITA GUTIERREZ

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date