

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000106417

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



Principal Place of Business
1840 W 49 ST
SUITE 311
HIALEAH, FL 33012

Mailing Address
1840 W 49 ST
SUITE 311
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04242006 Chg-P CR2E034 (11/05)

4. FEI Number 05-0536642	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, EMERITA 1840 W 49 ST SUITE 311 HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

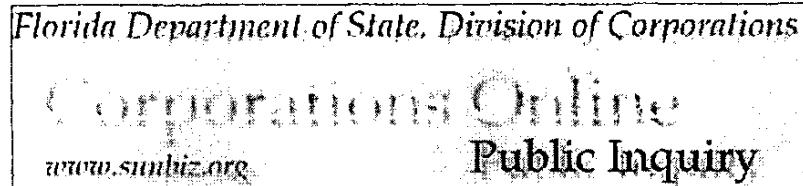
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-01
Date
Daytime Phone #

ATTACHMENT 40076682



Florida Profit

F.R. DIAGNOSTIC TREATMENT CENTER, INC.

PRINCIPAL ADDRESS

1840 W 49 ST
SUITE 311
HIALEAH FL 33012
Changed 04/28/2005

MAILING ADDRESS

1840 W 49 ST
SUITE 311
HIALEAH FL 33012
Changed 04/28/2005

Document Number
P02000106417

FEI Number
050536642

Date Filed
10/02/2002

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address	
GUTIERREZ, EMERITA 1840 W 49 ST SUITE 311 HIALEAH FL 33012	
Address Changed: 04/28/2005	

Officer/Director Detail

Name & Address	Title
GUTIERREZ, EMERITA 1840 W 49 ST SUITE 311 HIALEAH FL 33012	D

ATTACHMENT

40076682

Annual Reports

P02000106417

Report Year	Filed Date
2003	09/18/2003
2004	04/28/2004
2005	04/28/2005

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No Events

No Name History Information

Document Images

Listed below are the images available for this filing.

[04/28/2005 -- ANNUAL REPORT](#)
[04/28/2004 -- ANNUAL REPORT](#)
[09/18/2003 -- ANN REP/UNIFORM BUS REP](#)
[10/02/2002 -- Domestic Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)