

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90353 030 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000106417</b> 1. Entity Name <b>F.R. DIAGNOSTIC TREATMENT CENTER, INC.</b>																													
Principal Place of Business 1051 SE 8TH AVE. HIALEAH, FL 33010-5611			Mailing Address 1051 SE 8TH AVE. HIALEAH, FL 33010-5611																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number <b>05-0536642</b>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For (Not Applicable)																									
6. Name and Address of Current Registered Agent <b>GUTIERREZ, EMERITA</b> <b>1051 SE 8TH AVE.</b> <b>HIALEAH, FL 33010-5611</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when electing.)</small>																													
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing : <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. <input type="checkbox"/>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUTIERREZ, EMERITA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1051 SE 8TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 330105611</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	GUTIERREZ, EMERITA		STREET ADDRESS	1051 SE 8TH AVE.		CITY-ST-ZIP	HIALEAH, FL 330105611		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>Emerita Gutierrez</u> <span style="float: right;">09-15-03</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>																													

55056769

☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)

Attachment

P02000106417  
55056769



**RAUL RICARDO JR.**  
CERTIFIED PUBLIC ACCOUNTANT

September 12, 2003

Uniform Business Report  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

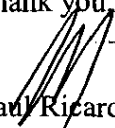
Ref: F.R. Diagnostic Treatment Center, Inc.  
Document # P02000106417

To Whom It May Concern:

A completed 2003 UBR form along with a check in the amount of \$150 was sent to your office in a timely manner. After calling your office, it was understood that 1) the check was cashed and 2) the only thing needed to complete the renewal procedures for the above-mentioned Corporation was their Federal I.D. number.

We are submitting again, for the second time, the UBR form for F.R. Diagnostic Treatment Center, Inc. with their Federal I.D. number. If you have any questions, please feel free to contact my office.

Thank you,

  
Raul Ricardo, C.P.A.  
Lic. # AC0013416

RAUL RICARDO JR.  
CERTIFIED PUBLIC ACCOUNTANT  
1840 W. 49TH ST. SUITE 100 HIALEAH, FLORIDA 33012  
PHONE (305) 829-1041 FAX (305) 824-4997  
www.mywiz4biz.com