2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000135654			
1. Entity Name ADVANCED DIAGNOSTIC & THERAPY CENTER, INC.			
			04 FEB -3 PM 2: 43
Principal Place of Business	Mailing Address	•	SECRETARY OF STATE TALLAHASSEE, FLORIDA
5985 SW 8 STREET Miami, Fl. 33144	5985 SW 8 STREET Miami, Fl 33144		TALLAHASSEE, PLONIE
	, . 2 00 1 1 1		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			01202004 Chg-P CR2E034 (10/03)
City & State	City & State		4. FFI Number Applied For
Zip Country	Zip C	Country	36-4519258 Not Applicable
	<u> </u>		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name		Name	7. Name and Address of New Registered Agent
INCORPORATE USA, INC. 3150 SANDY RIDGE DR Street Address		(P.O. Box Number is Not Acceptable)	
CLEARWATER, FL 33761		ouest / tourse	() O Box value is very cooperatory
		City	□
			, FL i
the obligations of registered agent	t for the purpose of changing its regi	listered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	ent and title if applicable. (NOTE: Rec	gistered Agent signature require	ed when reinstating) DATE
agrante was a parameter rame to registered ag	ent and the ill applicable. (NOTE: Neg	gistered Agent signature require	eu wrien reinsaanly) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$55	9. Election Campaign F Trust Fund Contribut		5.00 May Be ded to Fees
	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME SANCHEZ, PEDRO P	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS 6306 S.W. 39 TH ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33155	. Delete	CITY-ST-ZIP	800027525198 01/23/04-01061-014 (★♦₦₦₽,∰Addition
NAME	El pereie	NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	المعلقين الماريقية المساهد الما	NAME STREET ADDRESS	التي يحاري () . ال <u>يستشيم</u> ت ميا ميا السايمة سيارة () . ايا
CITY-ST-ZIP	ه ۱	CITY-ST-ZIP	
TITLE NAME	Delete	NAME =	Change Addition
STREET ADDRESS	e ' '	STREET ADDRESS	
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP	. Change . Addition
NAME	5000	NAME	
STREET ADDRESS CITY-ST-ZIP	•	STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied vindicated on this report or supplemental repo	to a 1 Miles is the second of		Santon 3313 (37/3)(i) Florido Ctatutan I further eartifu that the information
of the corporation or the receiver or trustee er	with this filing does not qualify for the rt is true and acqurate and that my s	e exemption stated in S signature shall have the required by Chapter 60	section 119.073)(f), Florida Statutes. Fluriner certify that the miorination e same legal effect as if made under oath; that I am an officer or director DZ, Florida Statutes: and that my name annears in Block 10 or Block 11 if
of the corporation or the receiver or trustee er changed, or on an attachment with an action	with this filing does not qualify for the rt is true and acquate and that my s mpowered to execute this report as r with all other like simpowered.	e exemption stated in S signature shall have the required by Chapter 60	section 119.07(3)(f), Florida Statutes Further certity that the information es aame legal effect as if made under oath; that I am an officer or director provided Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE:	with this filing does not qualify for the rt is true and accordate and that my s more red to execute this report as rear with all other like empowered.	signature shall have the required by Chapter 60	es ame legal effect as if made under oath; that I am an officer or director or, Florida Statutes; and that my name appears in Block 10 or Block 11 if
