2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147214

City-St-Zip:

MIAMI, FL 33184

Entity Name: BEST DIAGNOSTIC CARE OF ORLANDO, INC.

FILED May 01, 2006 Secretary of State

Current Principal Plac	ce of Business:	New Principal Place	New Principal Place of Business:	
1130 S SEMORAN BL\ ORLANDO, FL 32807	/D SUITE B			
Current Mailing Address:		New Mailing Address:		
1130 S SEMORAN BL\ ORLANDO, FL 32807	/D SUITE B			
FEI Number: 33-1104106	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
BATISTA, BETTY 580 SW 131 CT MIAMI, FL 33184 US	6			
The above named entiting the State of Florida.	y submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electro	onic Signature of Registered Age	ent	Date	
	193(2)(b), F.S., the corporation did no ing Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRE	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: BATISTA, BE Address: 580 SW 131		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BETTY BATISTA P 05/01/2006