

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2006 8:00 am**  
**Secretary of State**

06-28-2006 90002 004 \*\*\*150.00

<b>DOCUMENT # P05000025290</b> 1. Entity Name <b>MEDICAL CENTER &amp; DIAGNOSTIC, INC.</b>			
Principal Place of Business 275 FONTAINBLEAU BLVD. SUITE 215 MIAMI, FL 33172		Mailing Address 275 FONTAINBLEAU BLVD. SUITE 215 MIAMI, FL 33172	
2. Principal Place of Business <b>1800 W 49 ST Ste 224</b>		3. Mailing Address <b>1800 W 49 ST 224</b>	
Suite, Apt. #, etc. <b>224</b>		Suite, Apt. #, etc. <b>224</b>	
City & State <b>Hialeah, FL</b>		City & State <b>Hialeah FL</b>	
Zip <b>33012</b>		Zip <b>33012</b>	
Country 		Country 	
4. FEI Number <b>20-2359761</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RUIZ, OSMANY</b> <b>275 FONTAINBLEAU BLVD.</b> <b>SUITE 215</b> <b>MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name <b>Ruiz Osmany</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 W 49 ST #224</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, OSMANY 275 FONTAINBLEAU BLVD. SUITE 215 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ruiz Osmany 1800 W 49 ST #224 Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUIZ, ORESTE 275 FONTAINBLEAU BLVD. SUITE 215 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:		Date <b>6/23/06</b> Daytime Phone # _____	