


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90185 023 ***150.00

DOCUMENT # P05000135658		
1. Entity Name JASIBE DIAGNOSTIC & TREATMENT CENTER, INC.		

Principal Place of Business 1800 SW 1ST ST., SUITE 318 MIAMI, FL 33135	Mailing Address 1800 SW 1ST ST., SUITE 318 MIAMI, FL 33135
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40070048



2. Principal Place of Business 7000 W. 12th Ave Suite, Apt. #, etc. Suite 15-16 City & State Hialeah, FL Zip 33014		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country	
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04242006 Chg-P CR2E034 (11/05)

4. FEI Number X 43-2089691		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ERICE LAFONT, JOSE L 1800 SW 1ST ST., SUITE 318 MIAMI, FL 33135		7. Name and Address of New Registered Agent Name Erica Lafont, Jose L. Street Address (P.O. Box Number is Not Acceptable) 7000 W. 12th Ave. Suite 15-16 City Hialeah FL Zip Code 33014

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 ERICE LAFONT, JOSE L 1800 SW 1ST ST., SUITE 318 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Erica Lafont, Jose L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7000 W. 12th Ave, Suite # 15-16 Hialeah, Florida 33014
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
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
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
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
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

Date

Daytime Phone #

4/26/06 (305) 8195988

ATTACHMENT

40070048

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Public Inquiry

Florida Profit

JASIBE DIAGNOSTIC & TREATMENT CENTER, INC.

PRINCIPAL ADDRESS

1800 SW 1ST ST., SUITE 318
MIAMI FL 33135

MAILING ADDRESS

1800 SW 1ST ST., SUITE 318
MIAMI FL 33135

Document Number
P05000135658

State
FL

FEI Number
NONE

Status
ACTIVE

Date Filed
10/04/2005

Effective Date
NONE

Registered Agent

Name & Address
ERICE LAFONT, JOSE L 1800 SW 1ST ST., SUITE 318 MIAMI FL 33135

Officer/Director Detail

Name & Address	Title
ERICE LAFONT, JOSE L 1800 SW 1ST ST., SUITE 318 MIAMI FL 33135	D

Annual Reports

Report Year	Filed Date
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ATTACHMENT 40070048

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[Previous Filing](#)

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10/04/2005 -- Domestic Profit

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