2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021403

City-St-Zip: HIALEAH, FL 33012

Entity Name: L.R. DIAGNOSTIC & TREATMENT CENTER, INC.

FILED Apr 28, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of	New Principal Place of Business:	
1840 W. 49TH ST., STE 420 HIALEAH, FL 33012		1840 W. 49TH ST., ST HIALEAH, FL 33012	1840 W. 49TH ST., STE 605 HIALEAH, FL 33012	
Current Mailing Address:		New Mailing Address:		
1840 W. 49TH ST., STE 420 HIALEAH, FL 33012		1840 W. 49TH ST., STE 605 HIALEAH, FL 33012		
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1840 W. 49 HIALEAH,	RO, ERNESTO M 9TH ST., STE 420 FL 33012 US			
	named entity submits this statement for the $\mbox{\scriptsize p}$ of Florida.	ourpose of changing its registered	l office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Ag	ent	Date	
Election Car	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete CARRALERO, ERNESTO M 1840 W. 49TH ST., STE 420 HIALEAH, FL 33012	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD (X) Delete ERICE, JOSE L 1840 W. 49TH ST., SUITE 517	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ERNESTO M. CARRALERO PD 04/28/2007