## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000026193

Entity Name: DIAGNOSTIC TRANSMISSION CENTER, INC.

FILED Jul 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12980 SW MIAMI, FL	122ND AVENU 33186	JE			
Current Mailing Address:			New Mailing Address:		
12980 SW MIAMI, FL	122ND AVENU 33186	JE			
FEI Number	: 20-8538899	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MUNOZ, F 6810 SW 4 MIAMI, FL	4TH STREET				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MUNOZ, RAFAE 6810 SW 4TH S MIAMI, FL 3314	TREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () POLANCO, YEL 6810 SW 4TH S MIAMI, FL 3314	TREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: RAFAEL MUNOZ PRES 07/02/2009