2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000013977

1. Entity Name
BRITISH DIAGNOSTIC INSTITUTE, FORT LAUDERDALE/EAST, INC.

Principal Place of Business	Mailing Address
1600 S. FEDERAL HWY SUITE 820 POMPANO BEACH, FL 33062	C/O DR GOULET 1600 S FEDERAL HWY STE 820 POMPANO BEACH, FL 33062 US

DO NOT WRITE IN THIS SPACE

04082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0461927
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOULET, MARC DR
1600 S. FEDERAL HWY
SUITE 820
POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

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: M. Goulet Dir. 04-06-06
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

U00000504143
04/26/06-80059-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GOULET, MARC DR
STREET ADDRESS	1600 S. FEDERAL HWY, SUITE 820
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: M. Goulet M. Goulet Dir 04-06-06 (954)439 3165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #