

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000067903

1. Entity Name

DIAGNOSTIC AND TREATMENT CENTER, INC.



FILED

03 FEB 27 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7951 S.W 40TH STREET

3. Mailing Address
7951 S.W 40TH STREET

Suite, Apt. #, etc.
SUITE 206

Suite, Apt. #, etc.
SUITE 206

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33155

Country
US

Zip
33155

Country
US

4. FEI Number
65-0527172

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
O.J. DIAZ

Street Address (P.O. Box Number is Not Acceptable)

7951 S.W 40TH STREET SUITE 206

City
MIAMI

FL

Zip Code
33155

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

2/26/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1, May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to: Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(PVSD) MARGARITA ABEL
7951 S.W 40TH STREET SUITE 206
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0000013917700
03/11/03--01018--026 **1050.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

2/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2ED34B (12/02)

292

DIAGNOSTIC AND TREATMENT CENTER, INC.

TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER
RECEIVED FIRST NOR SECOND NOTICE FOR 2001 UNIFORM BUSINESS
REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS
CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER
DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE
ANNUAL REPORT .

CORDIALLY



MARGARITA ABEL
PRESIDENT