


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90208 043 ***150.00

DOCUMENT # P95000068504 1. Entity Name A.R.C. DIAGNOSTIC CENTER INC			
Principal Place of Business 7801 CORAL WAY STE 131 MIAMI, FL 33155		Mailing Address 7801 CORAL WAY STE 131 MIAMI, FL 33155	
2. Principal Place of Business 687 E 9 ST		3. Mailing Address 687 E 9 ST	
Suite, Apt. #, etc. None		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33010		Zip 33010	
Country DADE		Country DADE	
4. FEI Number 65-0605193		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent CARRAI, JUAN CARLOS 15103 SW 63 TERRACE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name AMADOR REYES JR Street Address (P.O. Box Number is Not Acceptable) 18325 SW 83 CT City VILLAGE OF PALMETTO LAKES FL Zip Code 33157	
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 <u><i>Amador Reyes Jr</i></u> AMADOR REYES JR 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD REYES, AMADOR JR 7801 CORAL WAY, STE. 131 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES AMADOR JR 18325 SW 83 CT VILLAGE PALMETTO LAKES, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONNELLI, RAUL 13704 SW 51 TERRACE MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Amador Reyes Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/04 305-863-0033 <small>Date Daytime Phone #</small>	