2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000104921

1. Entity Name FIRST DIAGNOSTIC CENTER INC.

Principal Place of Business

900 WEST 49TH STREET SUITE 450 HIALEAH, FL 33012

Mailing Address

900 WEST 49TH STREET SUITE 450 HIALEAH, FL 33012

FILED Feb 28, 2005 8:00 am **Secretary of State**

02-28-2005 90190 006 ***150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 65-0969147 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

01182005

Fee Required

Daytime Phone #

CR2E034 (10/03)

CARBAJAL, NURY 900 WEST 49TH STREET **SUITE 450** HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

No Chg-P

 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. Tarn lamiliar with, and accept the obligations of registered agent. 								
SIGNATURE				gent signature required when reinstating) DATE				<u> </u>
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees			ı
10.	OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD CARBAJAL, NURY 900 WEST 49TH STREET SUITE 450 HIALEAH, FL 33012			=		- '4' .		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 rystee 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 wiltbar address, with all other like empowered.								

OR DIRECTOR