

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # V64494	
1. Entity Name BROWARD DIAGNOSTIC CENTER OF SOUTH FLORIDA, INC.	
	
Principal Place of Business 4850 W OAKLAND PK BLVD 145 FT LAUDERDALE, FL 33313 US	Mailing Address 4850 W OAKLAND PK BLVD 145 FT LAUDERDALE, FL 33313 US



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0358797	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HART, BRIAN A
255 ALHAMBRA CURCLE
SUITE 850
CORAL GABLES, FL 33134-0000**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAUER, EDWARD A
STREET ADDRESS	4850 W. OAKLAND PK BLVD #145
CITY - ST - ZIP	FORT LAUDERDALE, FL 33313

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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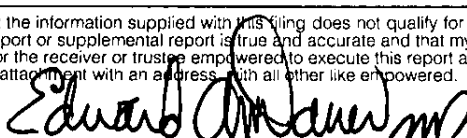
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/02/08-80011-017-150.00

**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:



EDWARD A. DAUER

3-13-08 954-7390978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #