

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000104286

**Entity Name:** ORLANDO DIAGNOSTIC CENTER, INC.

**Current Principal Place of Business:**

450 W. SR 434  
SUITE 1020  
LONGWOOD, FL 32750

**Current Mailing Address:**

450 W. SR 434  
SUITE 1020  
LONGWOOD, FL 32750

**FEI Number:** 59-3760861

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AHMAR, WASIM  
450 W. STATE RD.434  
SUITE 1020  
LONGWOOD, FL 32750 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MGR  
Name AHMAR, WASIM  
Address 450 W STATE ROAD 434 #1020  
City-State-Zip: LONGWOOD FL 32750

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WASIM AHMAR

**OWNER**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date