FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000083051

1. Entity Name
E-Z MEDICAL CENTER, INC.

FILED
04 OCT -8 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800041813528
10/12/04--01028--007 **163.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2450 WEST 84 ST.	
Suite, Apt. #, etc. #12	Suite, Apt. #, etc.
City & State HIALEAH FLA.	City & State
Zip 33016 Country	Zip Country

4. FEI Number 01-0794846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name LEONEL DIAZ

Street Address (P.O. Box Number Is Not Acceptable) 2450 WEST 84 ST #12

City HIALEAH FL Zip Code 33016

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Domestic Filing Fee $150.00
Reinstatement Fee $500.00
Amended UBR $61.25
Make Checks 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	PD
NAME	LEONEL DIAZ
STREET ADDRESS	2450 WEST 84 ST #12
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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: _____ 9-17-04 305 828-5808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #