

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 599983

1. Entity Name

DEPT. OF RADIOLOGY EXAMINATIONS, INC.

R

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90014 047 ***150.00

Principal Place of Business

711 NW 23RD AVENUE. #204
 MIAMI FL 33125
 US

Mailing Address

711 NW 23RD AVENUE. #204
 MIAMI FL 33125
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0888313

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JOSEPH A
 20 E 53RD TERRACE
 HIALEAH FL 33012

*30 E. 53 TER
 HIALEAH, FL. 33013*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DVP** Delete
 NAME: **HERNANDEZ, ADORALION**
 STREET ADDRESS: **30 E 53RD TERRACE**
 CITY-ST-ZIP: **HIALEAH FL 33010**

TITLE: Change Addition
 NAME: **HERNANDEZ, ADORALION**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DST** Delete
 NAME: **RODRIGUEZ, JOSEPH A**
 STREET ADDRESS: **30 E 53RD TERRACE**
 CITY-ST-ZIP: **HIALEAH FL 33013**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 STREET ADDRESS:
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TITLE: Change Addition
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TITLE: Change Addition
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TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph A. Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec

Date

7/14/00

Daytime Phone #

305 642 0596

CF 11:03 15/00

DOC# 599983

A0067454

DEPT. OF RADIOLOGY EXAMINATIONS, INC.
DIAGNOSTIC CENTER
711 N.W. 23RD AVE.
SUITE 204
MIAMI, FL. 33125
305-642-0596----FAX 305-642-3385

July 14th, 2000

Florida Dept of State
Div. of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Gentlemen:

We just received our business report where you state we are late in filing.

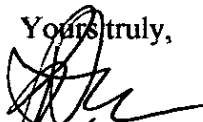
Sometime this year we called your office because we had not received the report and at the same time we had our corporate name changed.

You asked us to send you an application with the name change and also a fee for the service which, we sent. A couple of weeks later we received a confirmation of the name change.

From that time on we did not receive any report until this date, we called your office upon receipt of this report and they told us to write to you.

If you find any discrepancies, please do not hesitate to contact the undersigned.

Yours truly,



Peter Jay
Gen. Mngr.

PJ/ec