

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17242**

1. Entity Name

HOLLYWOOD DIAGNOSTICS CENTER, LTD.

Principal Place of Business

**4224 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021**

Mailing Address

**4224 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021-6633**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2448345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, PEDRO
4224 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Myers, Milton B.

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

4224 Hollywood Boulevard

City

Hollywood

FL

Zip Code

33021

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

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

MILTON B. MYERS
(NOTE: Registered Agent signature required when registering)

DATE

3/22/2000

9. Capital Contributions
as Shown on record.

\$855,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **H07930**
NAME **CORPORATE GENERAL #8, INC**
STREET ADDRESS **4224 HOLLYWOOD BLVD.**
CITY - ST - ZIP **HOLLYWOOD FL**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

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CITY - ST - ZIP

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******526.25 ****526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Milton B. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/22/2000

APPROVED
AND
FILED

00 MAR 29 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E003 (9/99)