

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002792 A:

DOCUMENT # **A32971**

1. Entity Name  
**PONCE DE LEON DIAGNOSTIC SERVICES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 13 PM 3: 35

Principal Place of Business  
**747 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

Mailing Address  
**590 WEST 20 STREET  
HIALEAH FL 33010-2427**



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0334498</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>BRACERAS, WILFRED</b> <b>590 WEST 20 STREET</b> <b>HIALEAH FL 33010-2400</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$625,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>V30922</b> <b>ADC FOUNDERS CORPORATION</b> <b>747 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>200003103962--9</b>
		CITY - ST - ZIP	<b>-01/20/00--01029--008</b>
			<b>****535.00 ****535.00</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

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: **\* SIGNATURE OF WILFRED BRACERAS** **1/10/99** **305-863-1242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (9/99)