

2001 UNIFORM BUSINESS REPORT (UBR)

002788 AF

DOCUMENT # A32971

1. Entity Name

PONCE DE LEON DIAGNOSTIC SERVICES, LTD.

FILED

01 FEB 23 AM 11:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

Mailing Address
**590 WEST 20 STREET
HIALEAH FL 33010-2400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0334498**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRACERAS, WILFRED
590 WEST 20 STREET
HIALEAH FL 33010-2400**

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

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 # **V30922**
NAME **ADC FOUNDERS CORPORATION**
STREET ADDRESS **747 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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: WILFRED BRACERAS, PRESIDENT (305) 863-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

02/16/01

CR2E003 (11/00)