

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002872

1. Entity Name
J.P. DIAGNOSTIC, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -7 PM 1:33

Principal Place of Business
8000 WEST FLAGLER ST., SUITE 101
MIAMI FL 33144

Mailing Address
8000 WEST FLAGLER ST., SUITE 101
MIAMI FL 33144-2153



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 APPLIED FOR
65-0893-743

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

LEVIN, STANTON G
LEVIN & ANDREAS
1570 MADRUGA AVENUE, SUITE 311
CORAL GABLES FL 33146

Name Jaime Pozo
Street Address (P.O. Box Number is Not Acceptable)
8000 W Flagler St
Suite 101
City Miami FL Zip Code 33144

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

6/5/00

9. Capital Contributions as Shown on record. \$9,900.00

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 # P98000107153
NAME J.P. DIAGNOSTIC, INC.
STREET ADDRESS 8000 WEST FLAGLER STREET, SUITE 101
CITY - ST - ZIP MIAMI FL 33144

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-12-00

305-266-7300

Date

Daytime Phone #