

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004819 AF

**DOCUMENT # A98000002872**

1. Entity Name

J.P. DIAGNOSTIC, LTD.

FILED

01 MAY -1 PM 5:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>8000 WEST FLAGLER ST., SUITE 101 MIAMI FL 33144</b>	Mailing Address <b>8000 WEST FLAGLER ST., SUITE 101 MIAMI FL 33144</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

**MJH**

4. FEI Number <b>65-0893743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**POZO, JAIME**  
**8000 W. FLAGLER ST.**  
**SUITE 101**  
**MIAMI FL 33144**

**7. Name and Address of New Registered Agent**

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. (NO. E. Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$9,900.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>P98000107153</b>
NAME	<b>J.P. DIAGNOSTIC, INC.</b>
STREET ADDRESS	<b>8000 WEST FLAGLER STREET, SUITE 101</b>
CITY-ST-ZIP	<b>MIAMI FL 33144</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>6930-tp</b>
CITY-ST-ZIP	<b>88-75</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500004200275-8</b>
CITY-ST-ZIP	<b>-05/22/01--01124--020</b>
	<b>****158.05 ****158.05</b>
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]* **SIGNATURE REQUIRED** **4/23/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)