

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

J85702

United Diagnostics, Inc.

FILED

99 NOV -9 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-99

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/05/87	
4. FEI Number 59-2850718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name Timothy G. Schoenwelder	82 Street Address (P.O. Box Number is Not Acceptable) 123 S. Calhoun Street
83	84 City Tallahassee
85 Zip Code FL 32314	

21. Place of Business 21a. 4700 S. Dixie Highway Suite, Apt. #, etc. Suite 900 City & State Miami, FL Zip 33156 Country U.S.A.	22. Mailing Address 22a. 4700 S. Dixie Highway Suite, Apt. #, etc. Suite 900 City & State Miami, FL Zip 33156 Country U.S.A.
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9. Name and Address of Current Registered Agent

P.A. Corporate Agents, Inc.  
2665 S. Bayshore Drive  
Suite 404  
Coconut Grove, FL 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Timothy G. Schoenwelder

(NOTE: Registered Agent signature required when reinstating)

DATE

10-26-99

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. NAME

1.1 TITLE

5/T/A/B

2. STREET ADDRESS

1.2 NAME

Raul de Cepedus

3. CITY-STATE-ZIP

1.3 STREET ADDRESS

7125 E. Lago Drive

4. TITLE

1.4 CITY-STATE-ZIP

Corn Gables, FL 33143

5. NAME

2.1 TITLE

200003053002-4

6. STREET ADDRESS

2.2 NAME

-11/23/99-01047-025

7. CITY-STATE-ZIP

2.3 STREET ADDRESS

\*\*\*1200.00 \*\*\*1200.00

8. TITLE

2.4 CITY-STATE-ZIP

9. NAME

3.1 TITLE

☐ Change ☐ Addition

10. STREET ADDRESS

3.2 NAME

11. CITY-STATE-ZIP

3.3 STREET ADDRESS

☐ Change ☐ Addition

12. TITLE

3.4 CITY-STATE-ZIP

13. NAME

4.1 TITLE

14. STREET ADDRESS

4.2 NAME

15. CITY-STATE-ZIP

4.3 STREET ADDRESS

16. TITLE

4.4 CITY-STATE-ZIP

17. NAME

5.1 TITLE

☐ Change ☐ Addition

18. STREET ADDRESS

5.2 NAME

19. CITY-STATE-ZIP

5.3 STREET ADDRESS

20. TITLE

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

21. NAME

6.1 TITLE

22. STREET ADDRESS

6.2 NAME

23. CITY-STATE-ZIP

6.3 STREET ADDRESS

☐ Change ☐ Addition

24. TITLE

6.4 CITY-STATE-ZIP

25. NAME

26. STREET ADDRESS

27. CITY-STATE-ZIP

28. TITLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-99

Date

305-798-2563

Daytime Phone #

CR2E034 (11/98)