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FILED
Jul 12, 2001 8:00 am
Secretary of State
05-19-2001 90273 019 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005279

. Entity Name

L.S. Diagnostic Center Corp.

(2A)

Principal Place of Business
1774 SW 8st (Suite B)
Miami FL 33135

Mailing Address
5826 SW 17st
Miami FL 33155

[redacted]

2. Principal Place of Business		3. Mailing Address	
1774 SW 8 st		5826 SW 17st	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33135	Country United States	Zip 33155	Country United States

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Lucy Skupin
5826 SW 17st
Miami FL 33155

7. Name and Address of New Registered Agent

Name Lucy Skupin

Street Address (P.O. Box Number is Not Acceptable)

5826 SW 17 St

City Miami FL Zip Code 33155

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] 4/16/01

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 After 05/01/2001 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President NAME Lucy Skupin STREET ADDRESS 5826 S.W. 17st CITY-ST-ZIP Miami, Fl. 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #