2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trus changed, or on an attachment with an

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 24, 2002 8:00 am Secretary of State P00000027521 DOCUMENT # 1. Entity Name B.J. DIAGNOSTIC GROUP, INC. 05-24-2002 91319 013 ***158.75 Principal Place of Business Mailing Address 9361 SOUTHWEST 163RD PLACE 9361 SOUTHWEST 163RD PLACE MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address 9380 S.W 9380 S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE B-220-B-220A City & State City & State Applied For 65-0991844 IANI MIAN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MIAMI - DADE MIAMI-DADE Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE TITLE ☐ Change ☐ Addition BOGANI, LUZ NAME NAME 9361 SOUTHWEST 163RD PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition **BOGANI, HUMBERTO** T. BOGANI NAME NAME 9361 SOUTHWEST 163RD PLACE 93805.W 72St STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ___ Addition_ BOGANI, NATHALIA NAME NAME 9361 SOUTHWEST 163RD PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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