

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90207 040 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000027521

1. Entity Name  
**B.J. DIAGNOSTIC GROUP, INC.**



Principal Place of Business  
9380 SW 72 STREET  
B-220-A  
MIAMI, FL 33173 US

Mailing Address  
9380 SW 72 STREET  
B-220-A  
MIAMI, FL 33173 US

2. Principal Place of Business

14201 SW 120th CT  
Suite, Apt. #, etc.

3. Mailing Address

14201 SW 120th CT  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
65-0991844

Applied For  
☐ Not Applicable

Zip  
33186

Country  
US

Zip  
33186

Country  
US

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name  
HUMBERTO J. BOGANI  
Street Address (P.O. Box Number is Not Acceptable)  
14201 SW 120th CT.  
City  
MIAMI FL Zip Code  
33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

HUMBERTO J. BOGANI, PRESIDENT

4/29/03

Signature must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BOGANI, HUMBERTO J	
STREET ADDRESS	9380 SW 72 STREET B-220-A	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGANI, HUMBERTO J	
STREET ADDRESS	14201 SW 120th CT.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

HUMBERTO J. BOGANI

4/29/03

786-218-1471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)