

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90052 006 \*\*\*150.00

**DOCUMENT # P00000030594**

1. Entity Name

**INTERNATIONAL DIAGNOSTIC AND MEDICAL CENTERS, IN**

Principal Place of Business

11890 SW 8TH ST.  
SUITE 209  
MIAMI FL 33184

Mailing Address

11890 SW 8TH ST.  
SUITE 209  
MIAMI FL 33184

( 5 1 9 9 0

2. Principal Place of Business

11890 SW 8th  
Suite, Apt. #, etc.  
208

3. Mailing Address

Same 11890 SW 8th  
Suite, Apt. #, etc.  
208



DO NOT WRITE IN THIS SPACE

City & State

miami

City & State

miami FL

4. FEI Number

65-0994099

Applied For

Not Applicable

Zip

33184

Country

Dade

Zip

33184

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAPOLES, LILIANA  
11890 SW 8TH ST.  
SUITE 209  
MIAMI FL 33184

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

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 MAY 1, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
DIAZ, ARTURO T MD  
11890 SW 8TH ST.  
MIAMI FL 33184 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
NAPOLES, LILIANA  
11890 SW 8TH ST.  
MIAMI FL 33184 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BARROCOS, ALBERTO JR.  
11890 SW 8TH ST.  
MIAMI FL 33184 ☐ Delete *← wrong*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BARROCAS, ALBERT JR  
11890 SW 8th  
miami FL 33184 ☒ Change ☐ Addition *Correct*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Albert B* ALBERT B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01

Date

(305) 321-6485

Daytime Phone #

CR2E034 (10/00)