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

## P00000058383 **DOCUMENT #**

1. Entity Name



FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90457 026 \*\*\*150.00

JENNY DIAGNOSTIC CENTER, INC.							32 32 <b>2</b> 33				
Principal Place 14729 SW 38TH MIAMI FL 33185	I ST.	1472	Mailing Address 14729 SW 38TH ST. MIAMI FL 33185								
I											
2. Principal Place / 3773	5W 36 ST	3. Ma	ailing Address								
Suite, Apt. #,	, etc. رہے ,	Sui	ite, Apt. #, etc.				CHECK HEF	RE IF MAKIN	IG CHAN	GES	
City & State		City	y & State			4. FEI Number	65-102345			Applied	For
Zip	Country	Zip	,	Country		5. Certificate of	of Status Desired		\$8.75 Fee Re	Not App	·
	6. Name and Address of Cu	rrent Register	ed Agent			7. Name and A	Address of New	Registered		quirea	
CHARTZ OA	LJI 17		-	Nam					<u></u>		
SUAREZ, SA				Stree	et Address (P	O. Box Number	is Not Acceptal	ole)	<del></del> .	<del></del>	
14729 SW 3						O. DOX . TOTALDO!	13 NOT ACCEPTAT				
MIAMI FL 33	3185										
				City		···	·.		Zip	Code	
8. The above na	amed entity submits this statements of registered agent	ent for the pure	nose of changing its	e registered office	o or registers	d annua - L - 11		F	_ ' '		
the obligation	ns of registered agent.		oos or onanging to	s registered office	e or registered	a agent, or both,	in the State of I	-lorida. I am	ı tamiliar v	vith, and a	ccept
SIGNATURE											
SIGNATURE	gnature, typed or printed name of registered	agent and title if app	olicable. (NOT	FE: Registered Agent si	gnature required wh	hen reinstating)		DATE			_
Sign				FE: Registered Agent sig	gnature required wh	<u> </u>		DATE		···.	
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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

SIGNATURE:

TURE REQUIRED

Daytime Phone #