

2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 28 AM 8:00

DOCUMENT # P00000075464

1. Entity Name  
MEDICAL THERAPY AND DIAGNOSTIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5722 S. FLAMINGO ROAD Suite, Apt. #, etc. SUITE 152 City & State COOPER CITY, FL Zip 33330 Country U.S.A.		3. Mailing Address 5722 S. FLAMINGO ROAD Suite, Apt. #, etc. SUITE 152 City & State COOPER CITY, FL Zip 33330 Country U.S.A.	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1035368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROBERT S. ZIPPIN  
Street Address (P.O. Box Number is Not Acceptable)  
7101 W. MCNAB ROAD, SUITE 200  
City TAMARAC FL Zip Code 33321

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P/S/D  
NAME ANGELA NUNEZ  
STREET ADDRESS 3131 SW 32ND AVE.  
CITY - ST - ZIP HOLLYWOOD, FL 33023

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12. 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 10 or on an attachment with an address with all other the empowered.

SIGNATURE  ANGELA NUNEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/03  
Date

Daytime Phone #

CR2E034B (12/02)