## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000088938 1. Entity Name SILCON IMAGE DIAGNOSTIC CENTER, INC. Principal Place of Business 1790 W. 49 STREET. #400-10 HIALEAH FL 33012 Mailing Address HIALEAH FL 33012

## FILED Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90068 036 \*\*\*150.00

		HIALEAH FL 33012								
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State			FEI Number Applied For Not Applied For Not Applicable				
Zip	Country Zip		Coun	Country		ertificate of Status Desired	\$9.75 Additional			
	6. Name and Address of Current	Registered Agent	<u></u> ,		7. N	ame and Address of New Re	gistered Ag	jent		
				Name						
1790	CA, CONSUELO J W. 49 STREET, #400-10 EAH FL 33012				Street Address (P.O. Box Number is Not Acceptable)					
\_				City			FL	Zip Code	}	
8. The above	named entity submits this statement for	or the purpose of changing	its register	ed office or re	nistered and	ent or both in the State of Flor	ida .			
o. The above	That hou office outside the dealers of the	in the purpose of origing	no rogistor	30 011100 01 10	gibiorod agi	or your, artifo otate or rior	idd.			
SIGNATURE .										
Oldivitoria.	Signature, typed or printed name of registered agent	and title if applicable. (N	NOTE: Registere	d Agent signature	required when re	instating)	DATE	,		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1,	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of S			10. Election Campaign Fina Trust Fund Contribution	~ —	<b>\$5.0</b> ( Added	<b>0</b> May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE	PD	☐ Delete	TITL	E				☐ Change	Addition	
NAME	MUJICA, CONSUELO J		NAM							
STREET ADDRESS	1790 W. 49 STREET, #400-10			EET ADDRESS						
CITY-ST-ZIP	HIALEAH FL 33012			-ST-ZIP						
TITLE NAME		☐ Delete	TITL NAN					Change	Addition	
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CITY-ST-ZIP				/-ST-ZIP						
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CITY-ST-ZIP			CIT	Y-ST-ZIP						
TITLE		☐ Delete	TIT	LE				☐ Change	Addition	
NAME			NA	ME						
STREET ADDRESS				REET ADDRESS						
CITY-ST-7IP	Í		Tin <b>I</b>	Y-ST-7IP						

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:

Consulto T - Mujica

SGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/200

(305) 818 0055

Daytime Phone #