

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90915 004 \*\*\*158.75

0397204 AV

**DOCUMENT # P01000007648**

1. Entity Name  
**BELLE GLADE DIAGNOSTIC CENTER INC.**



Principal Place of Business  
**15-A WEST CANAL ST NORTH  
BELLE GLADE FL 33480**

Mailing Address  
**15-A WEST CANAL ST NORTH  
BELLE GLADE FL 33480**



2. Principal Place of Business  
**15-A West Canal St.**

3. Mailing Address  
**14242 SW 160 Terr**

Suite, Apt. #, etc.  
**STE A**

Suite, Apt. #, etc.

City & State  
**Belle Glade FL**

City & State  
**Miami FL**

4. FEI Number **65-1071990**

Applied For  
Not Applicable

Zip Country  
**33430 USA**

Zip Country  
**33177 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESCOTO, HORTENSIA  
15-A WEST CANAL ST NORTH  
BELLE GLADE FL 33480**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **ESCOTO, HORTENSIA**  
STREET ADDRESS **15-A WEST CANAL ST NORTH**  
CITY-ST-ZIP **BELLE GLADE FL 33480**

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

TITLE **DV** ☐ Delete  
NAME **ALVAREZ, NIEVES**  
STREET ADDRESS **15-A WEST CANAL ST NORTH**  
CITY-ST-ZIP **BELLE GLADE FL 33480**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Antonia** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/03 (561) 992-8875**

Date

Daytime Phone #

CR2E034 (10/02)