

FILED  
May 29, 2002 8:00 am  
Secretary of State

03-29-2002 90194 033 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000016958

1. Entity Name

WOMAN TO WOMAN BREAST IMAGING, INC.

Principal Place of Business

7408 SW 48TH STREET 2ND FLOOR  
MIAMI FL 33155

Mailing Address

7408 SW 48TH STREET 2ND FLOOR  
MIAMI FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1077391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CATARINEAU, JOE

7780 SW 117TH AVE SUITE 201  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name TORRES, -ODALYS

Street Address (P.O. Box Number is Not Acceptable)  
7408 SW 48th STREET

City MIAMI - FL

Zip Code 33155

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, 2002 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          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | CATARINEAU, JOE             |                                            |
| STREET ADDRESS | 7780 SW 117TH AVE SUITE 201 |                                            |
| CITY-ST-ZIP    | MIAMI FL 33183              |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TORRES, ODALYS      |                                                                              |
| STREET ADDRESS | 7408 SW 48th STREET |                                                                              |
| CITY-ST-ZIP    | MIAMI FL 33155      |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without other file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.6-02

Date

305-596-7883

Daytime Phone #

Odaly B

4-10-02 305 261-1242

CFR2034 (8/01)