

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90062 020 ***550.00

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DOCUMENT # P01000028501

1. Entity Name

ARTEMISA DIAGNOSTIC MOBILE CORPORATION



Principal Place of Business

Mailing Address

1735 NW 7ST
MIAMI FL 33125

10280 SW 32 ST
MIAMI FL 33165

2. Principal Place of Business

1401 S.W 107 Ave

3. Mailing Address

1401 S.W 107 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301 - J

301 - J

City & State

City & State

MIAMI - FL

MIAMI - FL

Zip

Country

Zip

Country

33174

DADE

33174

DADE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1102133

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ARTEAGA, JOSE A

9360 FONTAINE BLEAU BLVD.

APT. D202

MIAMI FL 33172

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
ARTEAGA, JOSE A
9360 FONTAINE BLEAU BLVD. APT. D202
MIAMI FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
LEAL, LAZARO
10230 SW 32 ST
MIAMI FL 33165

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-21-03

Date

Daytime Phone #

(305) 223

9800

CR2E034 (4/03)