

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90375 025 \*\*\*150.00

DOCUMENT # P01000046696

1. Entity Name

PROFESSIONAL MEDICAL DIAGNOSTIC, INC.

Principal Place of Business

2075 S.W. 122 AVE. #114  
MIAMI FL 33175

Mailing Address

2075 S.W. 122 AVE. #114  
MIAMI FL 33175

2. Principal Place of Business

624 SW 67 AVE

3. Mailing Address

624 SW 67 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI FL

City &amp; State

MIAMI FL

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ Applied For  
☐ Not Applicable  
 \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

 ROMAN, RAMONA  
 2075 S.W. 122 AVE. #114  
 MIAMI FL 33175

7. Name and Address of New Registered Agent

Name - RAMONA - ROMAN

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

624 SW 67 AVE

City

MIAMI

FL

Zip Code

33144

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

5/06/02

 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 DPST  
 NAME ROMAN, RAMONA ☒ Delete  
 STREET ADDRESS 2075 S.W. 122 AVE. #114  
 CITY-ST-ZIP MIAMI FL 33175

 TITLE D ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE RAMONA ROMAN ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 624 SW 67 AVE  
 CITY-ST-ZIP MIAMI FL 33144

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

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

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

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

 TITLE ☐ Change ☐ 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)(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: RAMONA ROMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/02 (305) 267-1196

Date

Daytime Phone #

CR2E034 (9/01)