

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PD1000048544**

1. Entity Name  
**Palo Plaza Diagnostic Center, Corp**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7000 W 12 Ave**  
Suite, Apt. #, etc. **#16**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

City & State  
**Hialeah FL**  
Zip **33014** Country **U.S.**

City & State  
**Hialeah FL**  
Zip Country

4. FEL Number  
**651120357**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
Name **Mercedes Revuelta**  
Street Address (P.O. Box Number is Not Acceptable)  
**7000 W 12 Ave #16**  
City **Hialeah** FL Zip Code **33014**

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]** DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)  
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
PDI ST STREET ADDRESS CITY-ST-ZIP	<b>Mercedes Revuelta</b> <b>7000 W 12 Ave #16</b> <b>Hialeah FL 33014</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100005451181-0</b> <b>-05/04/02-01001-013</b> <b>****158.75 ****158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200005451982-0</b> <b>-05/06/02-01003-013</b> <b>****158.75 ****158.75</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** Date **04/11/02** Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**

**02 APR 12 AM 11:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**