

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90124 033 \*\*\*150.00

**DOCUMENT #** P01000057573

**1. Entity Name**

Alliace Medical Systems Inc. ✓

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

11716 Terra Bella Blvd  
Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 17234  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Plantation FL

**City & State**

Plantation FL

**4. FEI Number**

65-1113854

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Alyn O. Vicioso

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

11716 Terra Bella Blvd.

**City**

Plantation

**FL**

**Zip Code**

33325

**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 fee applicant.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

07-07-02

**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**

<b>TITLE</b>	President:
<b>NAME</b>	Alyn O. Vicioso
<b>STREET ADDRESS</b>	11716 Terra Bella Blvd.
<b>CITY - ST - ZIP</b>	Plantation FL 33325
<b>TITLE</b>	VIC-President:
<b>NAME</b>	Juan Carlos Ortiz
<b>STREET ADDRESS</b>	11716 Terra Bella Blvd.
<b>CITY - ST - ZIP</b>	Plantation FL 33325
<b>TITLE</b>	Secretary:
<b>NAME</b>	Adriana Acosta
<b>STREET ADDRESS</b>	11716 Terra Bella Blvd.
<b>CITY - ST - ZIP</b>	Plantation FL 33325
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-02

Date

Daytime Phone #

(954) 4482559

CR2E034B (12/01)

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Attachment*  
*# P01000052573*  
*121518*

DOCUMENT #

1. Entity Name

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1113854

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALYN VICIOLO

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

11716 TERRA BELLA BLW

City

PLANTATION

FL

Zip Code

33325

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)

06-06-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



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Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALYN VICIOLO 11716 TERRA BELLA BLW PLANTATION, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC-PRESIDENT JUAN CARLOS ORTIZ 11716 TERRA BELLA BLW PLANTATION, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ADEIANA ACOSTA 11716 TERRA BELLA BLW PLANTATION, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-02

Date

(954) 448 2559

Daytime Phone #

Attachment#  
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

PO1000057573  
121518

Pursuant to the provisions of sections 607.0502, 607.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Alliance Medical Systems Inc.

2. The mailing address of the corporation: 11716 Terra Bella Blvd.  
Plantation Fl. 33325

3. Date of incorporation/qualification: 06-11-01 Document number: PO1000057573

4. The name and address of the current registered agent and registered office:

Juan Carlos Ortiz  
4825 NW 72 AV Miami FL 33166

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):

President: Alyn Vicioso 11716 Terra Bella Blvd Plantation Fl. 33325  
Vic-President: Juan Carlos Ortiz 11716 Terra Bella Blvd Plantation Fl. 33325  
Secretary: Adriana Acosta 11716 Terra Bella Blvd Plantation Fl. 33325

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

05-08-02  
(Date)

Juan Carlos Ortiz  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above-stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

05-08-02  
(Date)

If signing on behalf of an entity:

Alyn Ortiz Vicioso  
(Typed or Printed Name)

President.  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*