FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90422 047 ***150.00

DOCUMENT # P01000091941

1. Entity Name
Radiology Temps, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10700 Caribbean Blvd	17130 SW 85 Ave
Suite, Apt. #, etc.: 312A	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State: Miami FL
Zip: 33189 Country: DADE	Zip: 33157 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1140917 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

Name: Sharon Wolling

Street Address (P.O. Box Number is Not Acceptable): 17130 SW 85 AVE

City: Miami FL Zip Code: 33157

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: Douglas Macedo Sharon Wolling 5-1-02
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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) ☑

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

TITLE	President
NAME	Douglas Macedo
STREET ADDRESS	7900 SW 54 Ave
CITY-ST-ZIP	Miami FL 33143
TITLE	
NAME	
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CITY-ST-ZIP	

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: Douglas Macedo 5-1-02 (305) 665-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #