

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

04-03-2002 90043 042 ***150.00

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DOCUMENT # P01000093750

1. Entity Name
GABLES DIAGNOSTIC CENTER, INC.

Principal Place of Business 9235 S.W. 43RD TERRACE MIAMI FL 33165	Mailing Address 9235 S.W. 43RD TERRACE MIAMI FL 33165
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- 37526



2. Principal Place of Business 4475 sw 8st	3. Mailing Address 4475 sw 8st
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami FL	City & State Miami FL	4. FEI Number 65-1148083	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country FL	Zip 33134	Country FL

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent VARELA, INES G 9235 S.W. 43RD TERRACE MIAMI FL 33165	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Ines G Varela* **President** DATE: **03/26/02**
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 **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, INES G 9235 S.W. 43RD TERRACE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARELA, JAVIER A 9235 S.W. 43RD TERRACE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ines G Varela* **REQUIRED** DATE: **03/26/02**
Signature and typed or printed name of signing officer or director

CR2E034 (9/01)

Attachment
P01000093750
37526

GABLES DIAGNOSTIC CENTER, INC.

4475 sw 8 st
Miami, Fl, 33134
(305)448-0844

June 26, 2002

Subject: Florida Department of State.

The reason of this letter is that we received 2002 uniform business report copy late after you sent to us. I think that it was a Post Office problem because you sent to us in April 12 and I received in June 24. It is the reason that I send to you the copy completes (Block 4). Sorry that I forgot to complete the first time when I sent my check for \$150.00. Thanks a lot , if you have any question please call us.

Sincerely,
Ines Gladys Fernandez.