

5/27/200

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-27-2002 90362 015 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

38098



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000099843			
1. Entity Name AMERICAN DOCTORS DIAGNOSTIC INC.			
Principal Place of Business 2320 N.W. 28TH ST. MIAMI FL 33142		Mailing Address 2320 N.W. 28TH ST. MIAMI FL 33142	
2. Principal Place of Business 1515 SW 67 AVE.		3. Mailing Address 1515 SW 67 AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEST MIAMI - FL.		City & State WEST MIAMI - FL.	
Zip 33144	Country DADE	Zip 33144	Country DADE
4. FEI Number 65-1153771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, FRANCISCO T 71 EAST 89TH ST HIALEAH FL 33013		7. Name and Address of New Registered Agent OSVALDO MORALES 1515 SW 67 AVE. MIAMI FL 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 <i>[Signature]</i> DATE 04-30-02 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$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	D LOPEZ, FRANCISCO T 71 EAST 89TH ST. HIALEAH FL 33013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D OSVALDO MORALES 1515 SW 67 AVE MIA FL 33144 <input checked="" 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: <i>[Signature]</i>		Date 4-30-02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CP2E034 (9/01)

Attachment

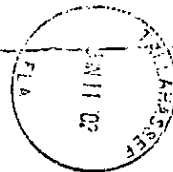
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

33144+5514 42



Posted.
date. _____