

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90066 047 \*\*\*150.00  
 08-06-2002 90132 008 \*\*\*150.00

**DOCUMENT # P01000108679**

1. Entity Name  
**FLORIDA DIAGNOSTIC CENTER INC.**

Principal Place of Business Mailing Address  
 721 N.W. 21 CT 721 N.W. 21 CT  
 MIAMI FL 33125 MIAMI FL 33125

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 **46-0487366** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OCHOTORENA, JORGE**  
**721 N.W. 21 CT**  
**MIAMI FL 33125**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jorge Ochotorena **JORGE OCHOTORENA** **07/19/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **OCHOTORENA, JORGE**  
 CITY-ST-ZIP **6010 S.W. 93 CT**  
**MIAMI FL 33173**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CREGO, PIERRE**  
 CITY-ST-ZIP **5601 COLLINS AVE.**  
**MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ASUSTA, TOMAS**  
 CITY-ST-ZIP **431 BIRD ROAD**  
**CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Jorge Ochotorena **JORGE OCHOTORENA** **07/19/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

*attachment*  
**FLORIDA DIAGNOSTIC CENTER, INC.**

721 N.W. 21 CT MIAMI, FL. 33125 (305) 642-2345 FAX (305) 642-2615

*676844*  
*P01000108679*  
July 15, 2002

Divisions of corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

**Document # P01000108679**

To whom it may concern,

With this letter we are informing you that we are sending you back the "Uniform Business Report" with box #4 fill out as needed. A check was sent out on time with the first report, but we were just informed that they sent it back because the information on box 4 was missing. We apologize for the inconvenience, as we did not receive the prior report to make the correction. Please contact us at (305) 642-2345 if we can be of any assistance.

Sincerely,

*Jorge Ochotorena*  
Jorge Ochotorena