

FILED
Aug 04, 2003 8:00 am
Secretary of State

07-14-2003 90342 001 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000005526			
1. Entity Name LAMONOSA MANAGEMENT, INC.			
Principal Place of Business C/O RADIOLOGY DEPARTMENT MIAMI CHILDRENS HOSPITAL 3100 S.W. 62ND AVENUE MIAMI, FL 33155		Mailing Address C/O RADIOLOGY DEPARTMENT MIAMI CHILDRENS HOSPITAL 3100 S.W. 62ND AVENUE MIAMI, FL 33155	
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 03-0380890		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMONT & NEIMAN, P.A. TWO SOUTH BISCAYNE BLVD. SUITE 3550 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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 		DATE 8/30/03	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, DONALD 3100 S.W. 62ND AVENUE MIAMI, FL 33155 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, SANFORD 2555 BAY DRIVE MIAMI BEACH, FL 33140 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 proprietor or trustee empowered to execute this report as required by Chapter 603, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 7/30/03 305-667-7060	
Donald Altman, Director		Cyrilus Pineda	

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CH2504 (10/02)