

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90253 038 \*\*\*150.00

DOCUMENT # P02000009343

1. Entity Name  
DIAGNOSTIC PREVENTIVE MEDICINE AND WELLNESS, INC



Principal Place of Business  
801 SOUTH UNIVERSITY DRIVE  
SUITE K-103A  
PLANTATION FL 33324

Mailing Address  
801 SOUTH UNIVERSITY DRIVE  
SUITE K-103A  
PLANTATION FL 33324



2. Principal Place of Business

90 OMI GROUP, INC  
Suite, Apt. #, etc. #100  
200 N. COMMERCE PKWY.

3. Mailing Address

90 OMI GROUP, INC  
Suite, Apt. #, etc. #100  
2000 N COMMERCE PKWY

☒ CHECK HERE IF MAKING CHANGES

City & State

WESTON, FL

Zip  
33326

Country  
US

City & State

WESTON, FL

Zip  
33326

Country  
US

4. FEI Number

04-3594914

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name  
MARIO R. DELGADO, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
2000 PONCE DE LEON BLVD., #102  
City  
CORAL GABLES FL Zip Code  
33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ACOSTA, NELSON	
STREET ADDRESS	801 SOUTH UNIVERSITY DRIVE SUITE K-103A	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 receiver or trustee empowered to execute this report as required by Chapter 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

954-888-6411

Daytime Phone #

CR2E034 (10/02)