

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90217 019 ***150.00

DOCUMENT # P02000032241

1. Entity Name

DIAGNOSTIC CARDIO-PULMONARY SERVICES INC.



Principal Place of Business

**3445 EAST 1ST CT
HIALEAH FL 33013**

Mailing Address

**3445 EAST 1ST CT
HIALEAH FL 33013**

11015832



2. Principal Place of Business

1790 West 49th St

3. Mailing Address

2348 West 66th Pl.

Suite, Apt. #, etc.

#400-3

Suite, Apt. #, etc.

City & State

Hialeah, Fl. 33012

City & State

Hialeah, Fl. 33016

Zip

33012

Country

USA

Zip

33016

Country

USA

4. FEI Number

01-0643944

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOURIDO, JAVIER
3445 EAST 1ST CT
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name

LOURIDO, JAVIER

Street Address (P.O. Box Number is Not Acceptable)

2348 West 66th Pl

City

HIALEAH

FL

Zip Code

33016

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 **PD** ☐ Delete
NAME **LOURIDO, JAVIER**
STREET ADDRESS **3445 EAST 1ST CT**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **LOURIDO, JAVIER**
STREET ADDRESS **2348 West 66th Pl**
CITY-ST-ZIP **Hialeah, Fl. 33016**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE: **< Signature Required**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 (305) 826 7393

Date

Daytime Phone #

CR2E034 (10/02)