## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P02000047045 **DOCUMENT #**

1. Entity Name

DIAGNOSTIC MEDICAL CHOICE, INC.



**FILED** Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90095 026 \*\*\*150.00



Principal Place of Business 85 GRAND CANAL DR STE 408 MIAMI FL 33144  2. Principal Place of Business		Mailing Address 85 GRAND CANAL DR STE 408 MIAMI FL 33144						
		3. Mailing Address			1994 1904     10 Palies   1011 agilt			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 1 - 0	679621	Not	Applicable	
Zip	Country	Zip	Countr	ry	5. Certificate of Status D		\$8.75 Addi	
	6. Name and Address of Curren	nt Registered Agent			7. Name and Address	of New Registered	Agent	
				Name				
ROMEU, ES	STHER CANAL DR STE 408			Street Address	s (P.O. Box Number is Not Ac	cceptable)		
MIAMI FL 3			ļ				T = 1. 0 - 4-	
		•	Ī	City		FL	Zip Code	,
	named entity submits this statement	· · · · · · · · · · · · · · · · · · ·		d effice or roots	tored agent or both in the Si	tate of Florida. I am	familiar with, a	and accept
the obligation	ons of registered agent.						<u>-</u>	
CICMATHEE					ired when reinstating)	DATE		١
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (N	NOTE: Registered	d Agent signature requ	uired when reinstating)	DATE		
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FI After Műke Check	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	00 t of State	NOTE: Registered	d Agent signature requ	9. Election Can	npaign Financing Contribution.	D DIRECTORS	to Fees
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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 tike empowered.

SIGNATURE: