

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90192 007 ***150.00

DOCUMENT # P02000062132

1. Entity Name

ADRI DIAGNOSTIC CENTER, INC.



Principal Place of Business

10 LEJEUNE ROAD #300A

MIAMI FL 33126

275 FONTAINEBLEU BLVD. #143

MIAMI, FL 33172

Mailing Address

10 LEJEUNE ROAD #300A

MIAMI FL 33126

SAME

2. Principal Place of Business

275 FONTAINEBLEU BLVD.

3. Mailing Address

Suite, Apt. #, etc.

#143

City & State

MIAMI, FL

Zip

33172

Country

USA.

Zip

Country

4. FEI Number

36-4499058

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

DIAZ, ALBERTO

10 LEJEUNE ROAD #300A

MIAMI FL 33126

275 FONTAINEBLEU BLVD.
#143

MIAMI, FL 33172

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

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
NAME DIAZ, ALBERTO
STREET ADDRESS 10 LEJEUNE ROAD #300A
CITY-ST-ZIP MIAMI FL 33126

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DIAZ, ALBERTO
STREET ADDRESS 275 FONTAINEBLEU BLVD. #143
CITY-ST-ZIP MIAMI, FL 33172

☒ Change

☐ Addition

TITLE
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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

2/19/03

Date

Daytime Phone #

CR2E034 (10/02)