FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91071 015 ***150.00

80058286

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000104203

1. Entity Name
UNIVERSAL MEDICAL IMAGING, INC.

Principal Place of Business	Mailing Address
12745 SW 150 LN MIAMI, FL 33188	12745 SW 150 LN MIAMI, FL 33188

2. Principal Place of Business	3. Mailing Address
12173 PEMBROKE RD	12173 PEMBROKE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33025 Country: USA	Zip: 33025 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIERA, WILLIAM D
12745 SW 150 LN
MIAMI, FL 33188

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: WILLIAM RIERA 03-04-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIERA, WILLIAM D 12745 SW 150 LN MIAMI, FL 33188	☐ Delete	P RIERA, WILLIAM D 12745 SW 150 LN MIAMI, FL 33188	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, WINSTON O 12173 PEMBROKE RD PEMBROKE PINES, FL 33025	☒ Delete	VP SUAREZ CARLOS E 1087 SW 42 ND WAY DEERFIELD BEACH FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D ALARCON ALAN 6045 SW 148 PL MIAMI FL 33185	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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: WILLIAM RIERA 03-04-03 786-3442270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #